

# JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

JANUARY

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# JEWISH HOSPITAL 216

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## PERSONALLY, AND PRIMARILY, YOURS

The singular style of nursing practiced at Jewish Hospital creates a special relationship between R.N.s and patients.

## WHEN HORMONES GO WRONG, NOTHING GOES RIGHT

Centers are being established to treat PMS (premenstrual syndrome), a disorder which disrupts the lives of 27 million American women. A Jewish Hospital attending gynecologist directs one in St. Louis.

## WIDE OPEN: THE ORAL TRADITION AT JEWISH HOSPITAL

The only hospital-based center for emergency, as well as routine, dental service enters its fourth decade of 24-hour service.

## THE FINE FELLOWSHIP OF GIVING

Jewish Hospital has inaugurated an annual giving society to recognize its supporters and ensure its continued excellence.

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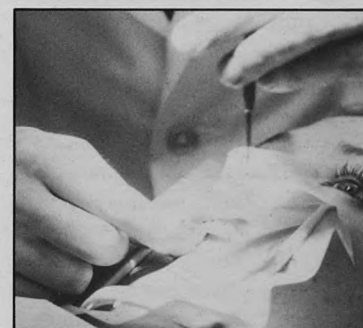
Some of the sweetest words to hear may also be among the most overused and miscomprehended, says an attending psychiatrist.

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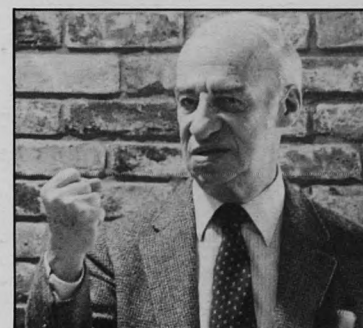
At an Auxiliary Seminar Series session, Franz Steinberg, M.D., explained how patients whose mobility is limited by stroke, spinal cord injury and back pain can learn to lead active lives through rehabilitation medicine.

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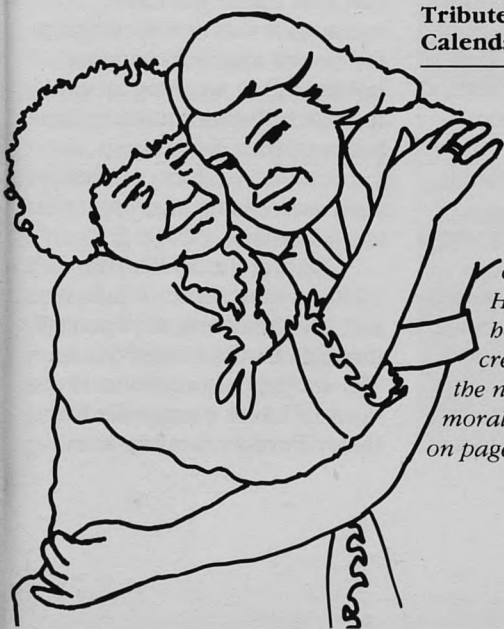


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*ON THE COVER: Under the primary nursing system, special care is provided to each Jewish Hospital patient. Read about how the individualized attention creates greater satisfaction for the nursing staff and boosts morale for patients, beginning on page 2.*



# Personally, and Primarily, Yours

by Sharon Zaring

Even before she met her new patient, Yvonne Younger, R.N., division 5900, was concerned about the problems Doretta Goldenberg might have. According to her medical history, Ms. Goldenberg, a diabetic, had been treated at Jewish Hospital for a heart attack in 1981. In late 1983, she began to experience chest pains, and after drug treatment failed, her physician decided that she should undergo a coronary bypass operation.

On paper, Goldenberg might seem like one of countless patients admitted and eventually discharged from Jewish Hospital, a textbook case. But Ms. Younger knows, from experience as a primary nurse, that her patient may have a variety of problems which might never be logged on her chart.

It is part of Younger's responsibility to know what these problems are, whether they are medical, psychosocial, or personal. That responsibility begins on the day of admission when she introduces herself to Goldenberg as her primary nurse. Younger will then give her patient a brochure which explains primary nursing and spend approximately 15 to 30 minutes talking with her patient. She will ask about things like Goldenberg's daily routine, her physical problems, likes and dislikes—all the particulars that make her patient an individual. She will also encourage Goldenberg to ask questions and express any concerns during her stay at Jewish Hospital.

Within 24 hours of his or her admission to Jewish Hospital, each patient has one professional registered nurse, like Younger, assigned to coordinate his or her care for the

entire hospital stay and plan for follow-up care, if needed, after discharge. The primary nurse will assess each patient's needs for nursing care, initiate a written nursing care plan, and collaborate with other health care professionals to ensure the daily continuity and coordination of nursing care. In short, the primary nurse will be accountable for the total nursing process of assigned patients, an average of three, 24 hours a day. When the primary nurse is off duty or on vacation, an associate nurse on the same division provides the personal attention by following the care plan developed by the primary nurse.

A relatively new health care concept, primary nursing was established at Jewish Hospital in 1979. Characterized by its highly personalized and professional approach to nursing, it has virtually redefined the role of the registered nurse at Jewish Hospital, as it has at other health care institutions throughout the United States. Brenda Ernst, R.N., vice president, director of nursing, explains one of the basic premises of primary nursing. "Many people in our profession firmly believe, and I am one of them, that there needs to be one person, other than the physician, who coordinates everything for the pa-

tient. Within a complex organization such as ours, a patient may come into contact with as many as 50 different health care professionals during his hospital stay. Who is the one person who coordinates all that? As far as I am concerned, it is the registered professional nurse, the person who has the most sustained contact with the patient."

According to Jean Heafner, R.N., division 8800, primary nursing promotes not only better nursing care, but increased satisfaction among the patients and nursing staff. "I think the patients and their families feel much more relaxed if they know there is one person they can turn to, especially those patients who are suffering from chronic disease. It's easier for them to develop a rapport with someone they know. They feel more comfortable asking questions about medications, diet, and their wound care. They can also express their fears and doubts about going home. This allows the primary nurse to help the patient and family plan for discharge."

For Doretta Goldenberg, a primary nurse like Younger proved to be a valuable source of continuity and reassurance. Initially, she was upset about the impending operation and overwrought about possible delays. "Waiting for the heart

surgery, even if it was just a matter of hours or overnight," says Goldenberg, "seemed endless. I felt like a walking time bomb."

"I knew she would be frightened, but at the same time, she is a well-informed, intelligent woman who understands the nature of her illness," says Younger. "My first priorities were to establish her nursing care plan and try to make her relax as much as possible." Goldenberg's surgery was scheduled for 7 a.m., and Younger was at the hospital early to visit with her patient and to allay last minute anxieties.

Primary nursing represents an integration of nursing practice in its oldest form, the hands-on nurturing, and the more recent recognition of the professional status of the nurse, a person who is educated and trained in the science and sophisticated technology of modern medicine.

Since the turn of the century, nursing practice in this country has undergone numerous changes. Before World War I, nurses were able to administer care on a one-to-one basis, partly due to the fact that patients were then generally treated in their homes. In this type of nursing practice, called the case method, it was not uncommon for nurses to live in patients' homes, often working around the clock. Besides nursing their patients, they were also expected to perform chores such as cooking, cleaning and laundry.

During the 1920s and 1930s, a new sense of industry and accomplishment prevailed throughout the United States. The success of functional divisions of labor, exemplified by Henry Ford's assembly lines



for producing automobiles, gave rise to a more efficient but depersonalized approach to production. The same system of mass production, one man for one task, was eventually adapted to nursing practice in the hope that patients, too, would be treated more efficiently. Unfortunately, personal attention to patients was sacrificed. The aide or technician was given the simplest tasks, requiring little training, the vocational nurse was given responsibilities on the next level of function, and the registered nurse was assigned the most complex work. Each person performed his or her specialty, but the patient, in the course of one day, was subjected to four or five nurses, none of whom had responsibility for the total person.

After World War II, there was a surplus of health care workers who had been trained in technical skills to ease the acute nursing shortage of the war years. Hospitals had technicians, vocational nurses, and aides, but not enough registered nurses to do nursing or to fill supervisory roles. To meet this nursing crisis, the concept of team nursing was implemented. Under the supervision of one registered nurse, the team leader, several orderlies, aides, and vocational nurses provided care to a group of patients. The team leader had to know the diagnosis, medication orders, and tests on as many as 20 patients. He or she also compiled a nursing history and helped the team develop a nursing care plan for each patient. Although the team leaders might have considered themselves nursing care givers, actual time spent with the patients was minimal and

secondary to supervisory functions.

In the early 1960s, Lydia Hall, R.N., chief nurse at the Loeb Center for Skilled Care at Montefiore Medical Center, New York, initiated and laid the groundwork for the one-on-one primary approach. But it wasn't until the end of the decade, as the women's movement gathered force and nurses were showing increasing dissatisfaction with their traditional roles, that primary nursing was considered a serious alternative to team nursing. Marie Manthey, R.N., coined the phrase primary nursing and became its leading advocate at the University of Minnesota Hospitals in St. Paul, Minnesota.

As early as 1977, several staff and head nurses at Jewish Hospital began to express interest in trying primary nursing on their units. Their interest stemmed from hospital reports throughout the coun-

try indicating that primary nursing increased both patient and nurse satisfaction. One of the biggest success stories was that of Beth Israel Hospital in Boston, nationally known for primary nursing care and which, like Jewish Hospital, is a university-affiliated teaching hospital and has similar clinical programs.

In the spring of 1979, nurses from Beth Israel were invited to Jewish Hospital as consultants. Based upon their evaluations and recommendations, a committee on primary nursing was formed, consisting of representatives from nursing administration, head nurses, clinical specialists, the school of nursing faculty and staff nurses. After months of meetings, planning, research, and communication with the staff, the transition from team to primary nursing began. A similar committee presently exists to collaborate and solve problems.



Today, primary nursing is firmly rooted at Jewish Hospital, and its success is clearly reflected in cases like Goldenberg's, and in the nurses themselves, who seem to find more gratification in their expanded roles. Virtually every primary nurse has known the fulfillment from helping a patient through the primary nursing care approach. "I recently had a primary patient who was here for three weeks, a 24-year-old girl admitted for ostomy surgery," says Julie Bietsch, R.N., division 6900. "She was young for this kind of surgery, but it was necessary due to her disease process. It meant that she would have to wear an ostomy bag for the rest of her life. She had a lot of emotional problems, mainly because she saw herself as something grotesque. The thought of ever having a relationship with a man again terrified her. But with the assistance of ostomy specialists, I think we helped change what was becoming a distorted perception of her body. In the process we talked a lot and became very close. Eventually, her outlook grew more positive. When it was time for discharge, I think she had a realistic and healthy image of herself."

Peggy Antrobus, R.N., division 4800, recalls one of her primary patients, a 60-year-old man recovering from abdominal surgery. Before his admission, he had been living a self-sufficient life in a trailer home. But shortly following surgery, he became listless, confused and increasingly dependent. Eventually he refused to eat or get out of bed. Because he had no family, the only recourse seemed to be nursing home placement. Ms. Antrobus and her col-



## PRIMARILY YOURS

leagues were perplexed by the drastic change in the patient's mental status and began to organize patient care conferences with other medical disciplines, particularly physical therapy. "The physical therapists worked with him, encouraging and even forcing him to get out of bed and walk. I would set up his food tray for him, but instead of helping him eat, I insisted that he feed himself. At first he resisted but eventually, he began to come around. Even his symptoms of senility disappeared. I think he had just felt alone and decided to give up. After two weeks, he was discharged, happy and ready to return home and take care of himself."

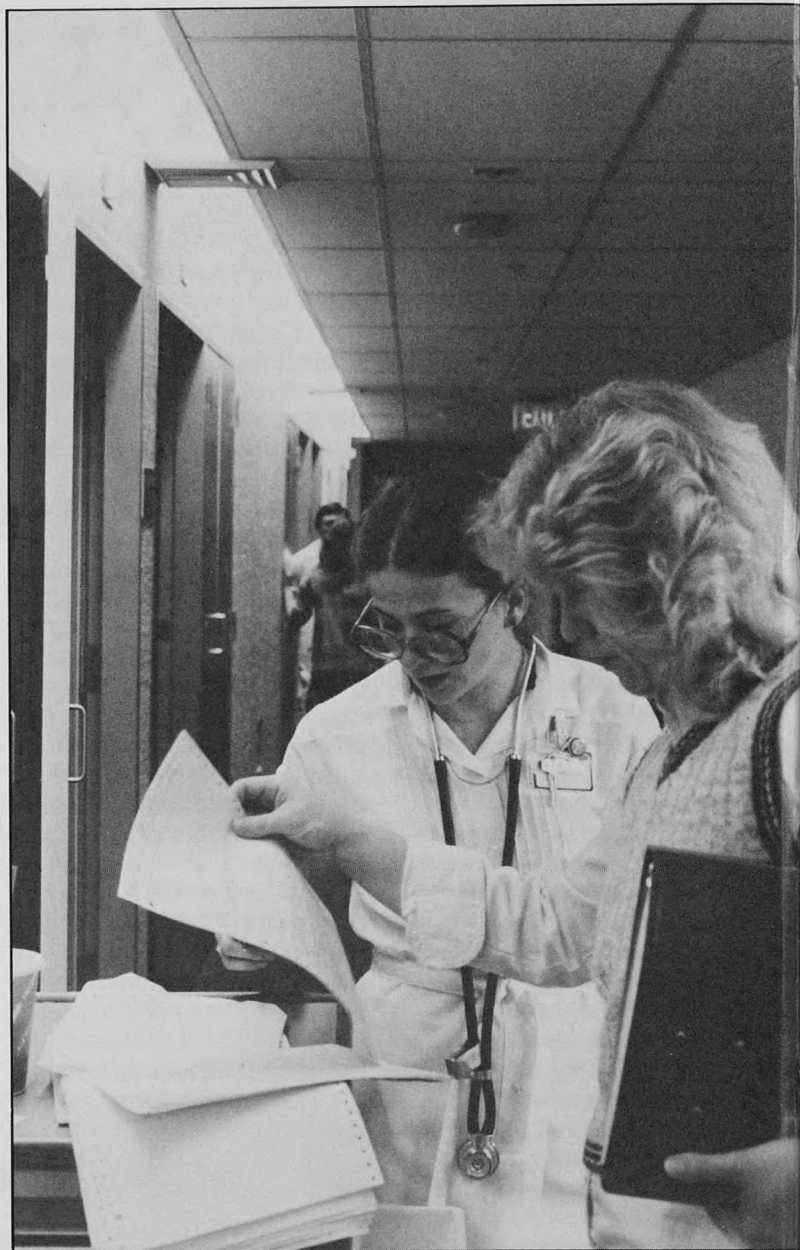
Physicians at Jewish Hospital are also pleased with the primary nursing concept and seem to approve of the responsibility it places on each R.N., the type of accountability once only assumed by physicians. "I am impressed that primary nurses make themselves aware of everything that is going on with their patients, and that they will use that information to their patients' benefit," says Gary A. Ratkin, M.D., chairman of the Jewish Hospital Cancer Committee and clinical assistant professor, Washington University School of Medicine. "For instance, a nurse might call to tell me that a particular patient's calcium is elevated or even that a life-threatening situation has developed. Until I became accustomed to the primary system, I thought it was surprising that they took so much initiative, instead of just recording the information in patients' charts. The nurses know what to look for and how to go about communicating the information

effectively."

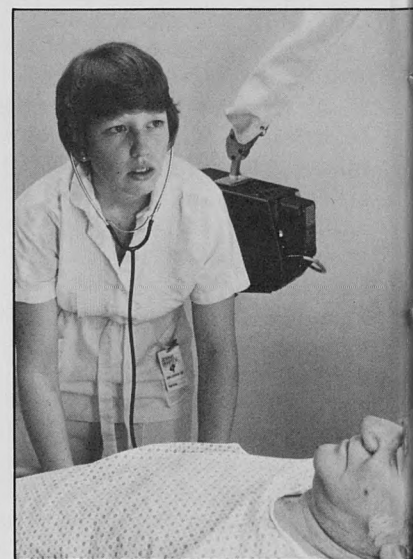
With the increased responsibility delegated to registered professional nurses, the old nursing hierarchy with policy and orders given from the top is outmoded. "Primary nursing can only work in a decentralized management structure," says Ms. Ernst. "Basically, this means more autonomy for decision making is delegated to the staff members who are closest to the patients. The old traditional hierarchical administrative structure is no longer appropriate or effective in a system with predominately professional employees. Recommendations for new policies and practices come up to the highest level of administration from the staff. They are not imposed downward from above."

One of the positions most affected by the structural change is that of head nurse. "Traditionally, head nurses were accountable for whatever happened on their divisions," notes Pat Frailey, R.N., head nurse, division 4900. "But at the same time, we had little authority or input in establishing policies." Now, under the primary nursing system, head nurses are responsible for many activities which previously were delegated to their supervisors. They and their staff actively provide input on patient care and nursing practice at interdepartmental committees. Head nurses interview, select, and evaluate their own staffs, and they assume and maintain 24-hour accountability for the standards of practice for their patient care units.

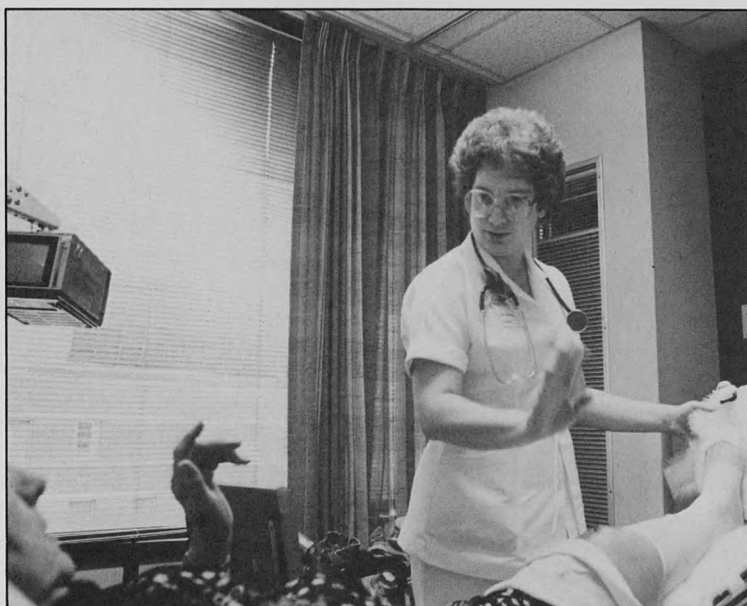
Primary nursing may also prove to be a cost-effective measure even though the system requires a high ratio of



registered nurses. At Jewish Hospital, the nursing staff is comprised of approximately 75 percent registered nurses, and 25 percent vocational nurses and technicians. But according to Ernst, even with that split, the overall number of nurses does not have to be high. "The registered nurse is more versatile in nursing skills. We simply don't need as many bodies to get the job done." Ernst also points to the increase in professional fulfillment among nurses in a primary system as a deterrent for costly absenteeism and job turnover.







Some experts believe that a primary nursing system may be essential for ensuring quality patient care in a rapidly changing health care system. "We will always need vocational nurses and technicians," Ernst emphasizes. "They are an essential part of the health care system, and a necessary support." But she also believes that primary nursing is the nursing practice for the health care system of the future.

"With the implementation of DRG legislation, patients who are admitted to hospitals will be sicker and will stay a shorter length of time. It will put tremendous pressure on those involved in nursing care," says Ernst. "Those who are planning a nursing career must be ready to accept the demands, versatility, skills, and most of all, the responsibility that will be expected of them." ■



*A Dog—And a Primary Nurse—Are a Man's Best Friends.*

To 65-year-old John Stallings, primary nursing means having a friend who will attend to his needs, no matter how trivial they may seem.

Mr. Stallings was transferred to Jewish Hospital's division 8800 from a hospital in Sikeston, Missouri, after suffering a heart attack. Stallings has a condition known as sudden death syndrome caused by ventricular fibrillation, or a very irregular heart beat, which if not corrected immediately could lead to his death.

"It's the longest I've ever been away from home," says Stallings during his sixth week at Jewish Hospital. Home for him is a 200-acre farm near Charleston, Missouri, his family, and his favorite pet, a Siberian Husky named Boomer. "I love that dog like my own children," says Stallings, whose hospital night stand is adorned with photographs of the pet. Stallings, who is hearing impaired, attributes the bond he feels to his dog in part to his handicap. "I have a hard time understanding what people are saying. But with my dog, I feel like I can communicate without words."

Although his eighth-floor

hospital room offers a panoramic view of St. Louis, the city landscape has only made Stallings think of how far he is from home. Michelle Soest, R.N., associate nurse, and Joyce Murabito, R.N., primary nurse, had noticed that their patient was becoming depressed even after visits from his family. So they came up with a way to boost his spirits.

Once administrative approval was given, arrangements were made to bring Boomer through the receiving dock of the hospital to one of the hospital classrooms in the basement. There, Murabito and her patient were waiting to greet Stallings' daughter and dog. "The dog was jumping all over Mr. Stallings, and I thought my patient was going to cry," recalls Murabito. "I think seeing his dog again made him feel better. It all sounds a little corny, but when a patient is critically ill, little things like this can mean a lot."

Bringing those little things to a patient is part of being a primary nurse, and as far as Stallings is concerned, his nurses, Murabito and Soest, are "the best. They're not just my nurses," he says, "they're my friends." ■



# When Hormones Go Wrong, Nothing Goes Right

by Janet Ruegg-Hawks

**M**artha, 36, is married and has two children, ages nine and seven. She has been a loan officer for four years, bringing to the position a reputation for efficiency, reliability and working well with the public.

When she arrives home from work this evening, she walks into a toy-littered living room and loses her temper. She accuses her children of deliberately messing up her clean house and berates her husband for not taking more responsibility in directing the children. In the kitchen, preparing dinner, she focuses on her family's inconsideration, becoming angrier and feeling used. A blaring TV set increases her irritation. Concentrating on these thoughts and not the onion she is chopping, Martha cuts her thumb.

When dinner is finally placed on the table, her youngest child announces that he hates meat loaf and does not intend to eat dinner.

Martha feels rage rise within her. She bolts to her feet, grabs the meat loaf platter and proceeds to shove the dinner down the garbage disposal. As her astonished family stares, Martha bursts into tears.

Two days later, her menstrual flow starts and suddenly she becomes her usual self again.

Kay, 27, is single and lives alone. She is an administrative assistant to an executive in a large electronics operation. Kay has an active social life, many friends and is thought of as an extrovert with a keen wit.

It is approximately ten days before her period is due and Kay has a severe headache which makes it difficult for her to concentrate on her work. She suddenly feels five pounds heavier and notices that clothes seem very tight around her waist and her rings are stuck on swollen fingers.

By the end of the day, Kay feels the desire to reward herself and stops at the grocery store. Everything looks delicious, especially sweets and salty foods. She buys ice cream, pastries, peanuts and pizza, determined to have a feast all by herself. She feels the need for a solitary feast every night this week. It seems that people are just too much to put up with right now.

Kay spends most of the next five evenings alone, in front of the television, binging. She wonders why her life is so dull compared to those she sees on the TV screen. She ponders her career goals, chides herself for overeating, feels dissatisfied with her choices of men and wonders if she will ever be happy.

A day or so later, Kay's period begins and, like Martha, she returns to her normal patterns of behavior.

Are these women crazy? Do they need intensive psychotherapy? More than likely, they are suffering from a set of cyclical symptoms that appear during the days following ovulation before the onset of menses known as premenstrual syndrome (PMS). It affects approximately 40 percent of menstruating women, nearly 27 million Americans, with a wide variety of ailments that range in intensity from mild to incapacitating.

PMS, first noted in medical literature in 1931, has only recently been recognized as a diagnosable, treatable disorder in this country. (In England, Katharina Dalton, Ph.D., has been researching and treating PMS for approximately 30 years.) Currently, PMS has been the focus of much media attention publicizing this complex condition that was previously treated only symptomatically.

One reason it has taken so long to recognize and treat PMS is that the symptoms are so diverse and varied (up to 150 have been documented), that unless the patient or physician makes the connection that these problems only arise cyclically in relation to

menstrual periods, a woman will only be treated for her symptoms. The symptoms are also very personal, so that three women who have PMS may have three very different sets of symptoms. If, as in Martha's case, many of their symptoms are behavior-oriented, these women have probably made more than one visit to a psychiatrist.

Across the country, specialized physicians are establishing PMS centers for the diagnosis, treatment and therapy sought by so many women in the hope that PMS will stop disrupting their lives and relationships.

In St. Louis, attending Jewish Hospital gynecologist Godofredo Herzog, M.D., has set up such a center. The staff of the not-for-profit center located at Spoede and Olive Street Roads in West County diagnoses, counsels and treats women suffering from PMS. Dr. Herzog is the medical director of the center; other members of the staff include Gerald Newport, M.D., gynecologist and attending physician at Jewish Hospital; Ronald Strickler, M.D., reproductive/endocrinology specialist and associate professor, division of reproductive endocrinology in the department of obstetrics-gynecology at Jewish Hospital; Mordecai Magency, Ph.D., psychologist; Ronald V. Norris, M.D., program consultant; Patricia Coughlin, MSN, ACSW, clinical director; and Margaret Ann Lauck, M.S., program coordinator.

The diagnosis is a painstaking one in which every possible rationale for the symptoms must be eliminated before a diagnosis of PMS can be made with certainty. Such conditions as hypoglycemia, thyroid disorders or psychi-



atric problems may exhibit some of the same symptoms as PMS.

"Until not long ago, women who suffered from PMS were thought to be crazy. It is amazing the extent to which they were treated with potent anti-depressants such as lithium," says Dr. Herzog.

"Women come in complaining of irrational behavior, an inability to cope, being unable to focus on certain things, being very irritable, yelling, beating their husbands or children.

"Then there are more somatic symptoms, like being clumsy, unable to do fine motions or a lack of coordination. Some women have an aggravation of other physical problems—asthmatics get worse, epileptics have a higher incidence of attacks. One of the big complaints is headaches. It doesn't make any difference if the headaches are migraine or tension—they get worse during the two weeks before the onset of the period.

"Some women become angry, vocal, very expressive while others stay in their own little corner. They act in exaggerated characteristics of their normal behavior—the screamer becomes a worse screamer, an introvert becomes more introverted."

Dr. Herzog notes that some women crave alcohol while they are in the acute phases of PMS, but they will have a decreased tolerance for it.

"I saw so many of these problems in my practice, I decided to start the PMS Center," he says.

While behavior and mood changes—including the ones exhibited by Martha and

Kay—headaches and problems associated with fluid retention are among the most common symptoms, other PMS-related symptoms include tension and anxiety, breast tenderness, aggressiveness, easy or spontaneous bruising, backaches, skin eruptions, argumentativeness, crying spells, confusion and reactive hypoglycemia.

### Complex Cyclical Changes

To understand the myriad causes involved in the symptoms as well as the diagnosis of PMS, the complex nature of the female menstrual cycle and hormonal changes must first be comprehended.

The control center for the cyclical release of hormones is the hypothalamus, located in the brain. Monthly, the hypothalamus transmits a message to the pituitary gland to set the menstrual cycle into action. The pituitary responds by producing two hormones, each of which dominates a specific phase of the cycle.

In the first phase, the follicular, the Follicle Stimulating Hormone (FSH), is secreted into the bloodstream. This stimulates the development of the follicles of the ovary, sacs which contain egg cells. Also during this time, the lining of the uterus, the endometrium, begins to thicken in anticipation of implantation of





## HORMONES

a fertilized egg. After the remaining follicles die, the FSH stimulates the chosen follicle to manufacture estrogen. By the eleventh or twelfth day, this stockpile of estrogen bursts from the ovary, signaling the release of an egg to the pituitary.

The pituitary responds by equally vehemently secreting the Luteinizing Hormone (LH) for two or three days, overpowering the FSH and causing the ovary to finally release the egg. Within thirty-six hours, an egg leaves the ovary and begins its travel down a fallopian tube toward the uterus. This begins the second phase of the cycle, the luteal. Regardless of the length of a woman's total cycle, the luteal phase is usually fourteen days.

The *corpus luteum*, the empty egg follicle, has changed in response to the LH and begins to manufacture and secrete progesterone and estrogen.

Most cycles do not result in pregnancy and the *corpus luteum* continues to produce progesterone until the levels in the bloodstream signal the pituitary to slow the secretion of LH. Without the LH, the *corpus luteum* is cut off from its nourishment and begins to decay. When the uterus is no longer stimulated by these hormones, the endometrium sloughs off and menstruation ensues.

This is the textbook explanation of the complex interaction that occurs cyclically every month. However, when one component of this delicate balance is disturbed, a hormonal upset occurs which may result in the symptoms of PMS. The currently accepted cause of PMS is an aberration in the cyclic function of the hypothalamic-

pituitary-ovarian axis which leads to a number of hormonal, biochemical and fluid imbalances.

What has yet to be determined is whether a progesterone deficiency or the reverse, an excess of estrogen, occurs to upset the hormonal balance. It is the low progesterone/high estrogen level that is linked to PMS.

"PMS is a disease of theories," commented Ronald V. Norris, M.D., at a program on PMS in St. Louis last November. Dr. Norris, program consultant to the PMS Center in St. Louis, is a Boston-based psychiatrist who began researching PMS fourteen years ago.

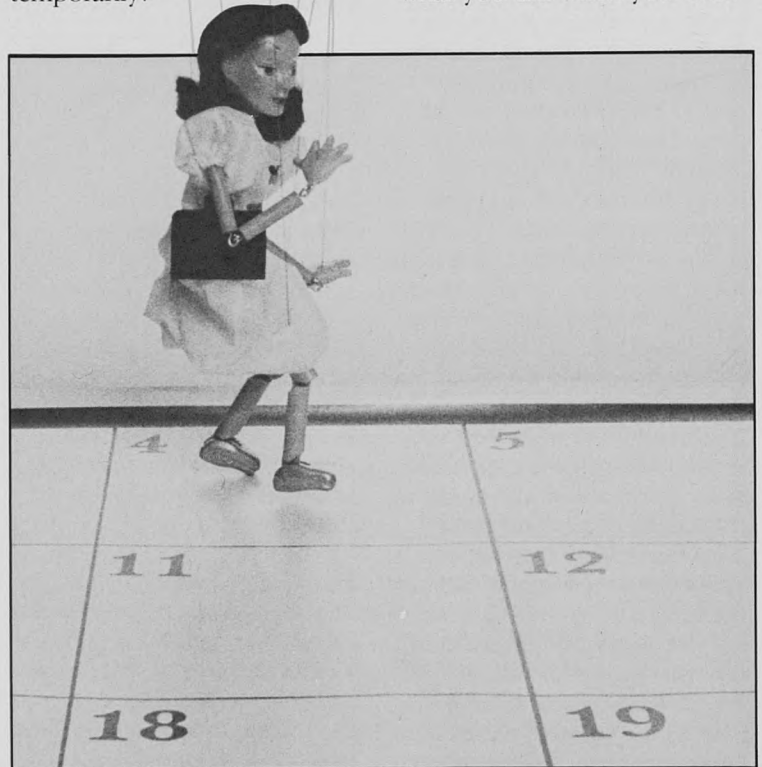
"We are just at the descriptive phase," Dr. Norris noted. "Several years ago, we were fighting the belief that PMS was part and parcel of being a woman. Today, the best researchers in the country are taking an interest in PMS. We will see more research in the next five years than was done in the last fifty."

A number of other causes besides a progesterone/estrogen imbalance have been promoted as the cause of PMS. Among them are a vitamin B-6 deficiency, hypoglycemia, psychogenic disorders, mineral deficiencies (zinc and magnesium), endogenous hormone allergies and neuroendocrine imbalances resulting in altered hormonal states.

According to Drs. Norris and Herzog, many of those difficulties are more likely to be manifestations of PMS rather than root causes.

Many treatments have been tried for these and other symptoms of PMS with very little improvement. Psychotherapy, tranquilizers, diuretics, birth control pills,

analgesics, antidepressants and non-steroid anti-inflammatory drugs, such as Ponstel and Motrin, have been relatively ineffective, although some symptoms may improve temporarily.



While there is greater recognition and understanding of PMS, it is also probable that there is a greater incidence of PMS today than a generation or two ago. "In 1983, women occupy different roles in society than they did fifty years ago," Dr. Herzog notes. "Women are in the marketplace, they work, they compete with men, they occupy positions of responsibility. It becomes very important to a woman to be in control of herself, her body and emotions in order to do this. PMS is something that has become intolerable to today's women and it is also quite appropriate that physicians become responsive to this need."

Another factor of modern

life that may have a bearing on PMS is the reduced number of pregnancies. "Years ago, women got married very young and stayed home and had babies, because that is what you did when you were

married," notes Ms. Lauck. "Most of them nursed the babies as well. Ten or twelve months later, they would be pregnant again. This kept their bodies full of progesterone—and they were hardly having menstrual cycles."

The time of onset of PMS is generally related to a hormonal event, says Dr. Herzog—pregnancy, amenorrhea (abnormal cessation of menses), tubal ligation, birth control pills, puberty, toxemia of pregnancy—yet stress, such as a divorce, professional mishap, or a long hospitalization from an accident or illness can also be an instigating cause.

In addition to being a factor in the onset of PMS, stress can aggravate a mild case into





The behavior of a woman in the throes of PMS produces guilt and shame. Martha, in our opening example, is likely to be quite angry at herself the day after she throws a meat loaf down the garbage disposal in a fit of pique. This guilt leads a woman to lose self-esteem and to promise herself she will remain in control next month, which is rarely possible. The mounting failures set her up for depression and increased difficulties in coping with her life.

"It is interesting that a lot of women, even though they are having trouble concentrating and keeping their focus, manage to paper over their deficiencies in the office. The minute they come home, they take it out on their kids, their husbands and friends. They somehow keep it together at work, but no matter how strong a defense mechanism they have, they cannot completely paper over the entire

situation," comments Dr. Herzog. "They make the effort at work, not at home."

It is small wonder, then, that it is often a woman's husband who makes the preliminary diagnosis of PMS. He may not know what it is, but he knows that the week before his wife's period signals a time of family battle and emotional difficulties. In Dr. Norris' book, one patient's husband recounted the cycle he noticed: Virtually whenever his wife became irrational, picked fights or was unable to do simple tasks without difficulty, he would check her packet of birth control pills. Sure enough, there were usually only two or three left every time, he stated.

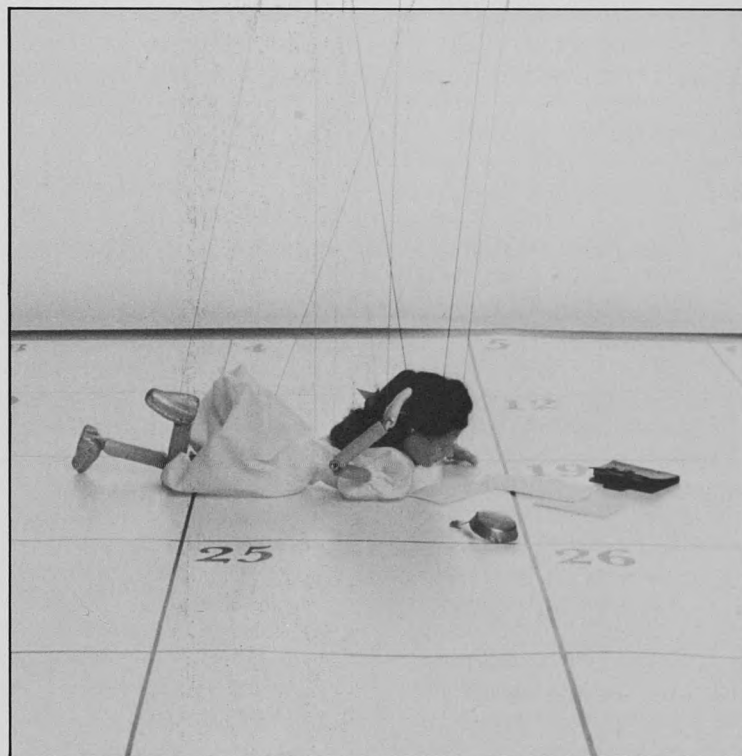
"A lot of husbands call to check out the PMS Center," says Lauck. "I think it must be easier for them to see the cyclical nature of their wives' problems."

a moderate or severe one, particularly with the "super-woman" mentality. The woman who feels the pressure to perform superbly at work, with her children, in her social encounters and in her relationship with her husband is often setting herself up for an intense bout of PMS, comments Lauck. "Many PMS women are perfectionists. They are listmakers, people who demand perfection of themselves and control in every aspect of their lives. They are also people who feel very guilty."

Hormonal events, such as pregnancy, breastfeeding and suppression of ovulation with oral contraceptives may be associated with an altered return to normal hormonal function. In many instances, women notice the onset or aggravation of premenstrual symptoms following such experiences. Dr. Herzog notes that it is interesting that women with PMS usually feel best during pregnancy, possibly because of the high levels of circulating progesterone. Conversely, their tolerance to birth control pills is notor-

iously poor. According to Dr. Herzog, 85 percent of the women seen at the PMS center have used oral contraceptives at one time in their lives and discontinued them because of intolerable side effects. "This is thought to be due to lowered natural progesterone levels caused by the pill's progestogens (synthetic steroids, often made from other hormones). Similarly, a tubal ligation or hysterectomy can result in changes of hormone levels, and, indeed, many women associate the onset of their PMS symptoms with these procedures," comments Dr. Herzog.

While stress may be a factor in the onset of PMS, there is little doubt that having PMS is a great strain on a woman. It is not suffered alone, but also by a woman's family, husband, friends and co-workers. A woman whose PMS symptoms are manifested by mood swings, depression, unresolved anger and irritability "burdens her personal relationships and family life with an emotional load that would hobble a team of Clydesdales," writes Dr. Norris.





### Learning to Interrupt the Cycle

After a woman makes an appointment with the PMS Center, she comes in for an initial interview with either Lauck or Ms. Coughlin.

"We have them tell their story. We will hear about their cycle, their history," says Lauck.

That day, the woman also sees a film on PMS featuring the therapy and evaluation process at Dr. Norris' center in Boston. "Frequently, this film will bring together what the woman has said and validate what her husband has mentioned. It may also show linkages to symptoms they never associated with PMS," says Lauck. "Then we set up an appointment for an evaluation day."

On evaluation day, a prospective patient has a complete physical examination, including screening blood tests and a pelvic exam to rule out other pathology. A patient then proceeds to group sessions conducted by Lauck and Coughlin where patients will learn about diet and lifestyle changes as well as progesterone therapy, which may or may not be indicated for a given patient. They also are instructed in the charting procedure necessary to make a final diagnosis of PMS. At least two cycles must be charted, with the woman indicating what symptoms she has on what days, their severity and date of cessation.

Diet and lifestyle changes are the major element of treatment at the PMS Center. PMS women are encouraged to give up salt and caffeine, refined sugar and avoid red meat during the premenstrual phase. Salt aids water retention, as purportedly does red meat; caffeine aggravates problems

of breast tenderness as does refined sugar. Also recommended are fairly high, balanced dosages of vitamins, especially from the B-complex group, as well as zinc and magnesium.

As PMS women often exhibit many of the symptoms of hypoglycemia, the techniques used for treating that sugar imbalance are incorporated into the "PMS diet." Patients are urged to restrict sugar use and resist cravings for sweets as ingestion of those substances will severely raise the body's sugar level and cause it to plummet almost as quickly. "You need to keep that sugar level as even as possible," comments Lauck. "We ask patients to divide their meals in half and eat six small ones each day to keep that level fairly constant. When the sugar level escalates—say, with a chocolate binge—or drops, because the person hasn't eaten in four or five hours, all sorts of mood problems may happen. They may have an anxiety attack, become depressed or irritable. The diet we suggest is approximately 65 percent complex carbohydrates, like fibers, fruits and vegetables, breads and pasta. Patients find that the complex carbohydrates give them the energy they were craving the sweets for."

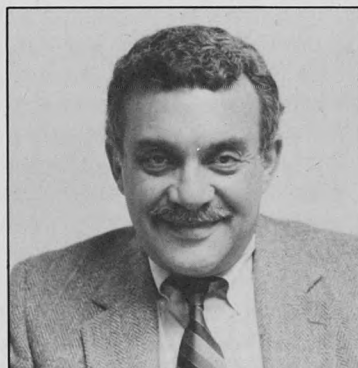
Regular, vigorous, exercise is also prescribed for the PMS sufferer, for several reasons: exercise is an effective tool against depression and stress; it also focuses attention on doing something for herself instead of "superwoman" attempts to do only for others; exercise may release endorphins and other neuropeptides, which may help offset the symptoms of PMS.

Another lifestyle modifica-

tion encouraged at the PMS Center is to involve your family in your illness and inform them of it and what it does. "You would do this if you had diabetes, wouldn't you?" questions Dr. Herzog. "It is only appropriate to do the same with PMS. Ask them for help on difficult days." In some families, husbands take over cooking or evening child care chores during the PMS days to separate their wives from potentially difficult situations. Other women tell themselves—and their families—that during that week, they will not have a spotless house or gourmet dinners and try to avoid feeling guilty for it.

When diet, vitamin and exercise regimens do not provide sufficient relief, a program of carefully monitored natural progesterone may be prescribed. Hormone therapy is used as a last resort, says Dr. Herzog. "Yet, if a woman has really severe difficulties and is very well-charted, we could then see exactly on what days she would need progesterone," says Lauck. Dr. Herzog is quick to mention that the amounts of progesterone administered during PMS therapy are still far below the progesterone levels that naturally occur during pregnancy.

*Dr. Godofredo M. Herzog*



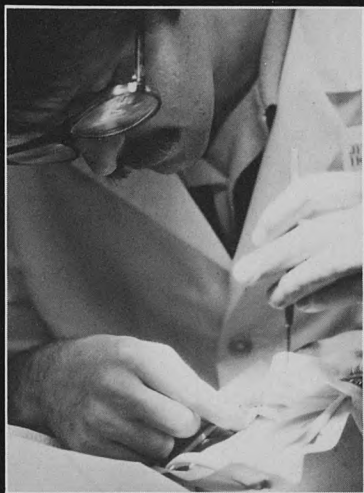
"Once a woman is diagnosed, she does not necessarily have to be on medication most of her life," notes Dr. Herzog. "The good thing is that after six to eight months of treatment, we can decrease the dose. In many cases, we can eventually eliminate it altogether."

"There are some positive effects of PMS, that I particularly appreciate as a lover of art," explains Dr. Herzog. "Women who are creative—artists, writers, sculptors—are often more productive during their luteal phase and produce some of their best works. Other women, who do not have as many creative outlets, characteristically put their homes in order and clean the closets and the kitchen a few days before their period."

That may be of some comfort to the millions of women who suffer from PMS, but the real comfort is in the development of treatment. While PMS is not a new disorder by any means, the fact that the illness itself, rather than the symptoms, is being treated is welcome news to women who have been ashamed, bewildered and frightened by their symptoms for many years without receiving the attention they deserve. ■



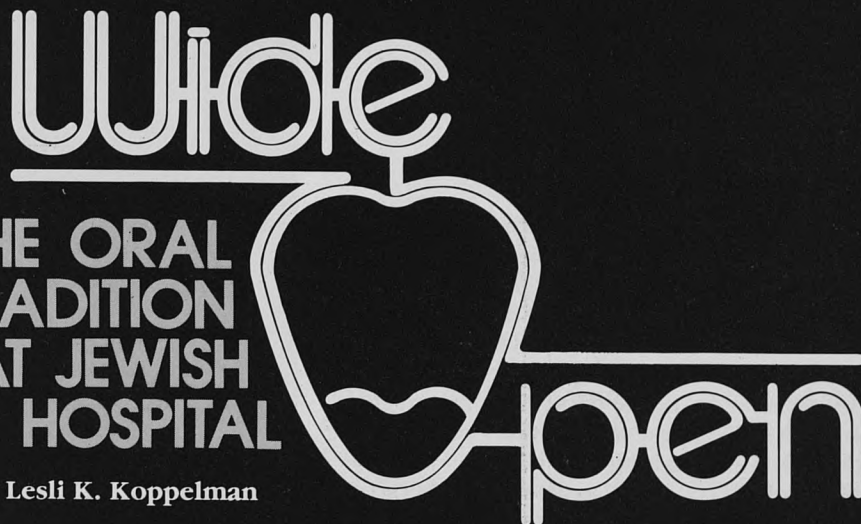




*Dr. Propst has been doing root canal work on Karen Molens for several weeks.*

## THE ORAL TRADITION AT JEWISH HOSPITAL

by Lesli K. Koppelman



**T**he Jewish Hospital dental clinic came out of the closet—the converted storage closet in which it was started—years ago. Yet though it is now a suite of four examining rooms, radiologic room, darkroom and lab near the emergency room in the Waldheim Clinics, it remains a well-kept secret. This is the shared feeling of department director Calvin Weiss, DDS, clinic director Lawrence Hoffman, DMD, and residency teaching program head Herman Turner, DDS. Many, including Jewish Hospital's own employees, do not know that doctors and emergency personnel at other hospitals regularly refer patients to it and that it provides care for people with dental emergencies—trauma, bleeding, infection or pain—24 hours a day.

Each morning, oral surgery or extended dentistry (such as endodontics [root canal], operative dentistry or periodontics) is performed in a special operating room, located between urology and plastic surgery in the third-floor OR suite, on the medically compromised (those with medical conditions which could be complicated by the stress of a dental procedure or administration of anesthesia), developmentally disabled, dental phobics and others who cannot or will not tolerate cer-

tain procedures sitting down in a dental chair. Each afternoon, from 1-5 p.m., between nine and 12 patients come to the clinic for everything from routine cleanings, fillings and extractions to crown and denture fittings. And every night, throughout the night, emergency attention is administered to those suffering the trauma of fractured jaws or shattered teeth, the pain of abscess or neglected decay.

Like all 24-hour care at Jewish Hospital, the provision of dental services is a function of the hospital's teaching program. A general practice residency (GPR), fully accredited by the American Dental Association, employs three post-graduate dentists who work regular hours (8:30 a.m. to 5 p.m.) and rotate on-call duties every third night. Beginning its fourth decade in 1984, it is the oldest program of its kind in the midwest, and the only not-for-profit, private, GPR within a few-hundred-mile radius of St. Louis.

As in the graduate learning experiences in other medical specialties, the dental residents—Steven Propst, DDS, Stewart Moreland, DMD, and Mark Trulsson, DMD, learn by doing under the supervision of private dentists affiliated with Jewish Hospital and representing all dental specialties. Available for consultation, the private practi-

tioners provide guidance, either through phone conversations or in person during any procedure that may be new to a resident. Five oral surgeons, Marc B. Abrams, DDS, Louis Altshuler, DDS, Jerome Grosby, DDS, Michael E. Suden, DDS, and Herman Turner, DDS, attend during all oral surgical procedures performed. Some members of the attending staff, like Dr. Weiss, instruct and observe during scheduled clinic hours.

The team that sees to day-to-day operations includes appointment secretary Lorraine Wilson and two dental assistants, Pat Albers and Irma Martinez. The three, enjoying a close working relationship with each other and with the residents, assure smooth patient flow, make certain that supplies are ordered and available, take Panorex (X-ray) films during general examinations, set up for procedures and attend at chairside—in short, anything necessary to ensure the efficient running of the department.

Whether for a normal office visit or an emergency, an attending dentist usually does not have to be called into the hospital; the on-call resident treats 90 percent of the 3,000 dental cases presenting at Jewish Hospital each year. This is not remarkable, since dentists, unlike physicians who must complete a residency



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following their formal medical education, may begin practicing their profession upon graduation from dental school. Armed with their credentials and having passed their boards, most do. But some — the 900 residents in 273 GPR programs throughout the U.S., or about 18 percent of dental school graduates — choose not to immediately sink their teeth, or borrowed money, into private practice. They realize there is much more to learn than what is presented in dental school.

"I wanted to deal with pharmacology and anesthesiology," Dr. Trulsson, a Washington University Dental School graduate, cites as his reasons for entering the Jewish Hospital residency program.

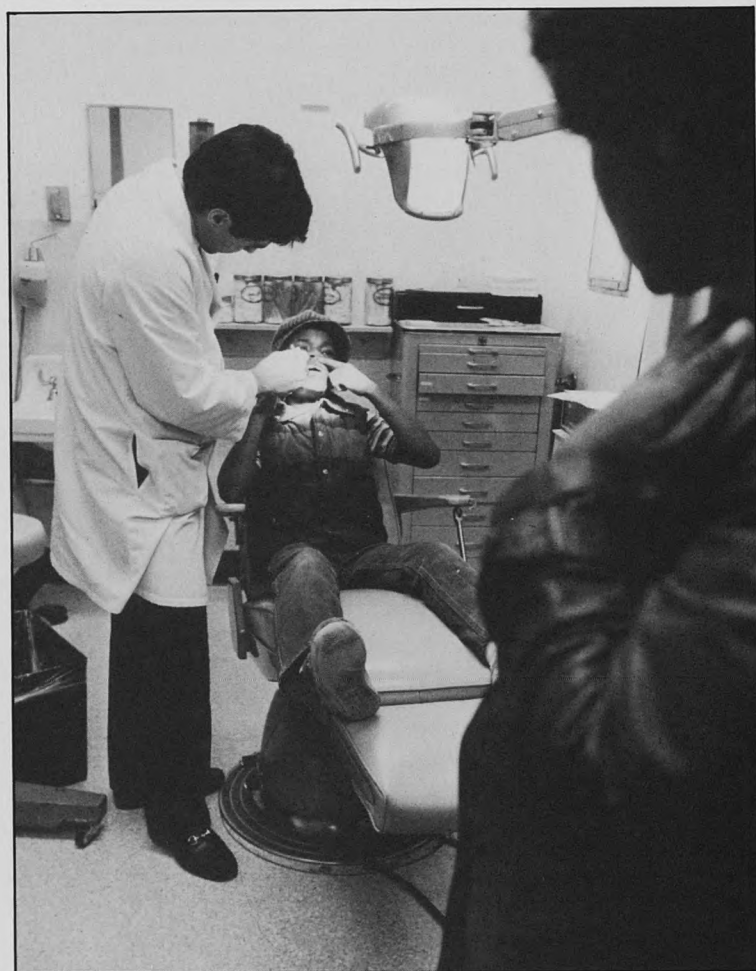
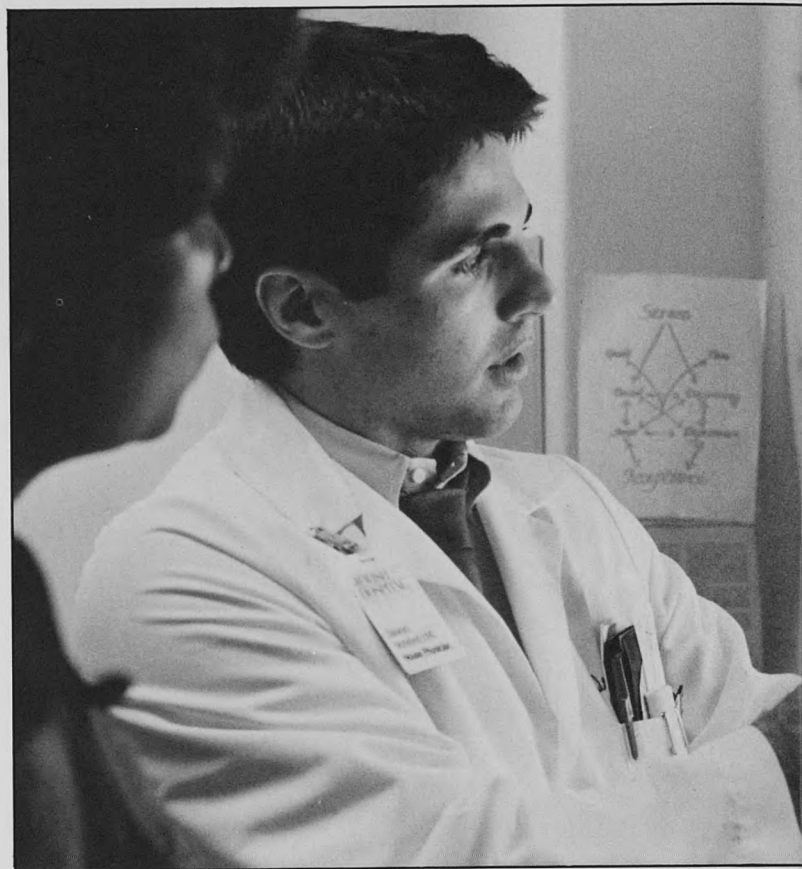
"In dental school, you see very little variety," Dr. Propst points out, speaking of his training at the University of Missouri at Kansas City. The situation is a major disadvantage for any dentist, and particularly those who want to specialize — like Washington University-trained Dr. Moreland, who hopes to become an oral surgeon.

Dr. Hoffman, who himself participated in the residency program and now serves as its clinic director, explains, "You only have a certain number of contact hours as a dental student. Most of the time is spent on academic cases you read about but never see. This program serves as a vital transition between dental school training and private practice. A lot of programs turn out practitioners who are ill-equipped to handle medically-compromised and developmentally-disabled patients. In a patient contact sense, our residents are several years ahead of those who don't do a residency. Someone

who comes out of this program will have seen proportionately greater patient numbers and variety of patient cases. He'll have a broader basis of hands-on and diagnostic experience that might take a dentist in a private office a long time to gain."

"Dental school tries to shield you from some of the things they don't think you're capable of doing," adds Robert Rivlin, DMD, a graduate of the 1979-1980 Jewish Hospital GPR. He now has a private practice in South St. Louis County. "But at this place, you see an awful lot of cases with medical complications." Seeing them means learning how to treat them.

Most of all, the residents say, they treat people with toothaches and abscesses. They do routine checkups, cleanings and cavity fillings. But within a period of a few days, Dr. Propst saw a patient with peripheral ameloblastoma (a basal cell carcinoma), Dr. Trulsson performed a surgical procedure to cut the root tip off a dying tooth, and Dr. Moreland surgically opened the jaw of a man who had had his mouth shut for 25 years due to arthritic fusing of the mandible (jaw bone). Dentures were fit for a postal employee, a young woman went through her next-to-last appointment for root canal work, a 14-year-old boy with three abscesses due to neglected chipped teeth was treated for spreading infection, a three-year-old child who fell down a flight of stairs and fractured two roots lost his front teeth (under local anesthesia), a Jewish Hospital employee was evaluated for bridge work, and a middle-aged man received improvement on dentistry originally done in his native Russia. And,







in a typical week, there are the people who walk into the emergency room with teeth in their hands, broken jaws, and post-operative complications such as bleeding gums.

Just the setting, a place that provides advanced medical care and continuing education, contributes to the broad base of patient situations. "This is hospital dentistry. It's a little different than being isolated in a one-man office or in an association with another doctor who hasn't kept up with his education and is practicing the dentistry of whatever decade he graduated from dental school," Dr. Hoffman points out. "Occasionally calls come from long-term patients in the hospital with various

surgical procedures, not merely dental. They also rotate through medicine. They leave Jewish Hospital with training in intravenous sedation techniques, oral surgery, and all phases of dentistry as part of total health care in a hospital environment; they represent all dental specialties.

To the individual trained through such a program, it means being more marketable because he can provide a fuller range of services to a wider patient base, and not have to refer out the cases a less experienced dentist might be too nervous to accept. It means greater convenience for patients, who will not have to go elsewhere to receive specialized treatment.

The residents agree that the best aspect of the program is the exposure gained in oral surgery and handling emergencies. "Any dental school graduate can do dentistry, but not everyone can anticipate problems, take steps to avoid them and, if a problem does arise, know how to handle it," Dr. Moreland stresses.

They also agree that the most difficult aspect of the residency is being on call. As Dr. Propst puts it, "It's no fun spending every third night at the hospital." Unfortunately, the two go together like a well-matched set of dentures.

Between 15 and 20 percent of dental visits qualify as emergencies, and most of them come in outside of clinic hours. "There are few life-threatening situations in dentistry," observes Dr. Propst, "but the busy period begins after 10 p.m. People have been working all day, a tooth hurts a little. Or it's been bothering them three or four weeks. Then it keeps them awake. Two a.m. is always the best

time to see a dentist," he quips. Friday or Saturday at 2 a.m. is particularly good.

By 2 a.m. Saturday, Stewart Moreland has already provided his share of emergency care. This particular on-call night, the traffic started before 10, with two patients with toothaches, one with an abscess, and a high school basketball player up from Hillsboro who took an elbow in the teeth during a local game and needed an extraction and stitches. Things settled down for a couple of hours, enough time for Dr. Moreland to enjoy the luxury of seeing the end of a Clint Eastwood flick on cable TV in a darkened lounge just down the hall from the emergency room. Around 11:30, he retired to the dental call room, a college dorm-like double equipped with lockers next to the third-floor OR suite.

Just past midnight, Duan Tolbert walked into the emergency room holding his mouth. He'd hit a tree while driving in Florissant, shattered his windshield and smashed his front teeth against the steering wheel. The teeth had been pushed back, away from their natural bite. His gum was lacerated and a gold-capped front tooth was loosened by the blow. Following initial emergency examinations, Dr. Moreland led Tolbert to the dental clinic, where he worked for almost an hour and a half, readjusting the tooth alignment, putting four stitches into Tolbert's gum, and wiring the loose tooth into place with a bridge that would be kept in for six weeks. He sent the patient home with prescriptions for penicillin and a pain reliever and instructions to return to have the stitches



Dr. Moreland shows an emergency patient's mother where infection is spreading from abscesses.

"He'd been complaining of pain for a few days," a concerned Shirley Selbrey explained as resident Stewart Moreland, DMD, examined her son.

Calvin Weiss, DDS (right), director of the department of dentistry at Jewish Hospital, regularly observes during clinic hours.

nutritional problems. We see a lot of patients from rehabilitation and occasionally some from psychiatry. And patients on dialysis are routinely brought through the clinic since a dental workup is required in their treatment."

To help learn to deal with the varied cases, the residents complete an extended rotation through the department of anesthesiology, which requires a daily participation in all



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removed the following week.

Just before he started working on Tolbert, the dentist received a call from County Hospital alerting him that a patient was on the way. It is 2:15 a.m. before Dr. Moreland can see him.

At about the time Tolbert hit the tree, Mike Elgin lost the front wheel of his bicycle while riding in West County. The 17 year-old was thrown. His mother, Imogene Hawkins, who works on Jewish Hospital's divisions 33 and 51, took him to the hospital closest to home, but, like others throughout the St. Louis area, the emergency personnel referred the patient to the place where he would get the care he needed.

"Those crowns fractured off close to the pulp," Dr. Moreland explains the X-rays to Ms. Hawkins. "Eventually he'll need root canal work—maybe extraction. But you hate to take out teeth on someone so young." For now, Dr. Moreland fits the teenager with temporary crowns and puts nine stitches in his lower lip.

Two men with toothaches are waiting to be seen. One has a decayed wisdom tooth. "I know I needed it out, but I didn't have the money for it," he explains. The resident assures him it can be extracted in the clinic for \$20-\$25, about half of what the patient had expected to pay, but not until Monday: extractions, which never constitute emergencies, present too much trouble to do without the accompaniment of a dental assistant. The second patient is a clear case of neglect. Dr. Moreland gives him pain killers and advises him to get some dental attention. At 4:15, Dr. Moreland

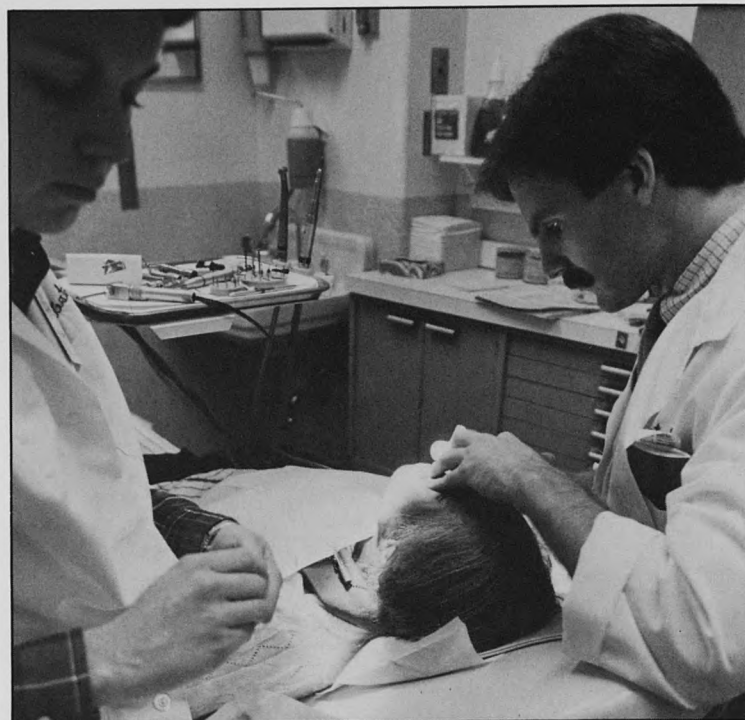
shuffles off to the on-call room where he will sleep until 7:30 a.m., when he is awakened by someone else's toothache.

Despite the hard hours, the lack of sleep, the annoyance of having to deal with people who could easily avoid having to come to the emergency room at odd hours, Dr. Moreland's patience with patients doesn't waver. He, like Drs. Propst and Trulsson, recognizes the long-term worth the concentrated training provides. "You can increase speed, learn the tricks of the trade, be able to handle medical complications. Here at the hospital, we learn that practically anything can be treated by knowing emergency procedures. From the medical standpoint, cases that were not seen in dental school become routine. From the patient's standpoint, the dentist picks up his competence and confidence."

As Dr. Trulsson notes, "I think I could handle almost any emergency that came in now."

Competition for the three residents' positions grows each year; 82 hopeful dental school seniors applied for the year beginning in July of 1984. "Graduates realize that one doesn't go out, borrow money and set up a private practice any more," notes Dr. Weiss. "Especially in major markets, where the density of dentists is high."

The advances of science have also impacted on the importance of the dental general practice residency. "With the longevity of the geriatric patient, and many medically-comprised patients surviving and living longer lives, the need for dental care and treatment is becoming more important—and a source of patients



*Pat Albers assists at chairside as Dr. Mark Trulsson works on a patient.*

not available in the past," Dr. Weiss observes.

In the past 30 years, the Jewish Hospital GPR has grown from its initial staffing of one resident who actually lived at the hospital, and has prepared more than 65 dentists to deal with any oral care need. It has provided special attention to the community: when the New American program was at its height, the dental clinic was often the intake point for the Russian Jewish immigrants who took advantage of the hospital's complimentary comprehensive health care services. During the late 1970s, the Jewish Hospital dental residents created and delivered between 80 and 100 sets of dentures to people at several nutritional centers operated by the city of St. Louis. The provision of one dental resident each Tuesday and Thursday morning for the oral surgery clinic at County Hospital has been ongoing for 15 years, and Jewish Hospital remains one of the few hospitals in the city where the indigent developmentally disabled can receive dental care.

At the same time, the dental program at Jewish Hospital has continued to offer routine dental care in the style of a private office, without the long waits and impersonal approach of a dental school clinic, by fully-licensed dentists at fees that can be one-fourth to one-third lower than what a private practitioner would charge.

The "cottage" type dental practice, Dr. Weiss reports, is undergoing an enormous change. "Many authorities believe that hospital dental departments will become a focus for the dental care of many people," he remarks. "Total health care cannot be fragmented and must include total oral health care."

Jewish Hospital was ahead of the trend when it made the commitment to superior dental care and education, a commitment appreciated by the residents. Notes Dr. Weiss, "There has not been one who didn't come back a year or two later and say how valuable the program was."

*To make an appointment at the Jewish Hospital dental clinic, call 454-7870. ■*



# The Fine Fellowship of Giving

Since ancient times, man has recognized the special attributes of those artists, poets, scholars and scientists who bring to bear rare intellectual skills and contribute to an improved quality of life. To be a patron of the arts and sciences has always been a lofty calling, since many of the creations and discoveries that benefit mankind could not have been achieved without the financial resources that converted abstraction into substance.

Since the founding of Jewish Hospital in 1902, philanthropists have aided its patient care, medical education and scientific research programs. Their gifts have been responsible for producing a research enterprise that now encompasses 110 scientists and technicians. They are involved with some 60 projects ranging from the basic and molecular sciences to clinical applications in the care of patients with bone and mineral metabolism problems and with a wide spectrum of cancer and related diseases. The provision of six professional chairs and a major endowment fund have created an environment paralleled in only a handful of the nation's 7,000 hospitals.

Many of the research funds have been derived from the year in and year out giving of individuals and families who have had the foresight to promote advances in medical science. In the past, an appropriate form of recognition for these generous supporters of Jewish Hospital has not existed. To provide a continu-

ing vehicle for honoring and encouraging the interests of these individuals in the pursuit of knowledge and excellence, an annual giving society, the Fellows of Jewish Hospital, has been created. The society will also help further understanding about the hospital's role and accomplishments in the city.

"We need to do a better job of telling the St. Louis community what Jewish Hospital is all about, the quality of achievement of our institution and what makes it different from other hospitals," explains Wallace Ruwitch, a member of the Jewish Hospital board of directors. Mr. Ruwitch serves as chairperson of the board's Development and Community Relations Committee, which, working with Donald Levin, Jewish Hospital director of development, has been responsible for designing the Fellows program.

"We think that through a group like the Fellows, we're going to be able to provide better, more meaningful, communication on a regular basis," Mr. Ruwitch adds. "There are people who respect the hospital but don't know its story fully. By getting the story out, we are convinced the hospital can generate greater community interest and support."

Formation of the society coincides with realization of the need to broaden the base of support for hospital endeavors at all levels. "The

amounts available from outside sources are being curtailed more and more each year as government, insurance companies and others try to get more control over escalating health care costs. Grant monies are also reduced," Mr. Ruwitch observes. "Hospitals like ours are going to survive only if they have a broad base of support of their own."

The founding subcommittee, on which Mr. Ruwitch, Mary Zorensky (Mrs. Louis), board member, Marcia Shapiro (Mrs. Robert), president of the Auxiliary, Tom Lewin, president of the Associates in Medicine, and Ira Kodner, M.D., director of colo-rectal surgery, serve, anticipate a membership of more than 500 for 1984, the Fellows' first year of operation. It will include people who are interested in meaningful on-going support of the institution and its programs. The Fellows will also be a perfect vehicle for grateful patients who in the past have not had such an organization through which they could express their appreciation for care received.

Membership is bestowed on anyone who contributes \$1,000 or more to the hospital during the course of a calendar year. The sum may be made as one gift, or as the accumulation of several donations. Contributions made through the Auxiliary-administered Tribute

Fund are counted toward the \$1,000 total. Major benefactors and those whose cumulative contributions to the hospital have reached \$50,000 will be honored as life members.

In appreciation for their support of the hospital, the fellows will receive pre-registration privileges and other benefits at the hospital. Once each year, the Fellows will sponsor a special members-only function that will reinforce the purpose of the society.

"Jewish Hospital is an important institution in St. Louis," Ruwitch continues. "I think it is the best health care provider in our community. Best because it has a very happy combination of an extremely active voluntary staff as well as a very active and dedicated full-time staff. Some of the most important research in the country is going on at Jewish Hospital. If I'm seriously ill, Jewish Hospital is the place I want to be."

"All of us are pressured from many sides to support worthy institutions in this community. Jewish Hospital is one that is really deserving of strong, on-going support. I think once the Fellows program is underway, it will be a source of great pride for a person to have it known that he or she is a Fellow of Jewish Hospital because ours is a great institution. Through the Fellows, we want to help keep it that way." ■

*For more information on how to become a member of the Fellows of Jewish Hospital, please contact the development office, 454-7250.*



**Editor's Note;** In his more than 40 years as a psychiatrist, Dr. Jack Eidelman has heard a lot of people say they love a particular person—without really knowing the meaning of their words. Always a part of his general clinical practice, the subject of love is his special interest. Seeing its absence as the cause of delinquency, unhappy marriage, divorce and a host of other unpleasant situations, Dr. Eidelman believes there is a tremendous need for widespread understanding of what love involves as well as what it means to be a truly loving person.

Neither textbooks, counselors nor doctors focus on love," he says. "We ignore the role of love in our basic human relationships. Many of us live love in a limited fashion and do not learn the meaning of love." Courses should be taught in high school, he suggests, to help maturing individuals evaluate love (or what they think is love), each other as human beings, and especially the behavior that goes on in the name of love.

In honor of Valentine's Day, we asked Dr. Eidelman, an experienced lecturer on the topic, to share his views on this elusive, many-splendored, thing we all need, most of us want, and too few of us recognize.

**Is It Really Love?**  
We are told that "love makes the world go round." Love is constantly referred to in songs, poetry, books and movies. In marriage vows we have the "promise to love." In fact, we hear the word "love" so often in our lives, one would think that people who say they have it know what it is.

How, then, can we explain the millions of divorces,


As the old adage goes, "actions speak louder than words." Eliza Doolittle implored Henry Higgins, "don't talk of love, show me!" Unfortunately, what people too often show is not love, but behavior that can be the opposite. Leo Buscaglia, the lecturer and author who talks to students and community groups frequently about love and the process of developing relationships, cites a cause of this

tion such words as caring or sharing or giving, many answer "I don't know" or "a good feeling" or "being happy with somebody" or "you need them." Often, people appear to be in a fog as they grope for a response. They have no idea what love is or what a loving relationship really involves. Part of the problem lies in the fact that people tend to think of love as a noun, a rigid object, when it is better to view it as an action verb, loving.

Similarly, people may murmur explanations that provide fascinating glimpses of what goes on behind the mask of "love." When Judy says "I love him" she may actually be telling us that she needs him, depends on him, can't get along without him. Dependency, which often exists on an unconscious level, is probably the most common condition confused with love. The lack of realization about this underlying foundation for a relationship helps explain why so many people stay in what seem to be intolerable life situations.

Sometimes the word is used to control and manipulate. "I'll 'love' you if you're good" or "I'll 'love' you if you give me sex" are attitudes that turn love into a commodity, to be bought, sold or used in a bargaining process. Frequently, as in the latter example, sex is confused with love. The words "lover" and "let's make love" have much more to do with sex than with a truly loving relationship.

Psychologists use the term "need love" to describe an immature, or a taking, kind of "love" marked by jealousy, argumentativeness, manipulation, making demands, and one thinking only of his or her

  
"I love you truly..."  
or do I?

by Jack Eidelman, M.D.

unhappy marriages, love-starved individuals, children in trouble and multitudes of sad people? All too frequently, the therapist hears John say, "Yes, I love my wife," only to observe that John ignores her, treats her like a piece of furniture, or reacts to her with contempt. Similarly, Mrs. Smith may say that she loves her daughter, Mary. A few moments later, however, Mary comments, "My mother really doesn't care anything about me," and explains why she feels this way. Helen states rather emphatically that she loves her husband, but goes on to remark that she has been pushing him away sexually for a long time.

phenomenon in his book, *Love*: "Most people never learn to love at all." Psychiatrists frequently see people like this, who also are unable to let themselves be loved. Many grew up feeling rejected, with a negative self-image and filled with anger at their world. They are distrustful of others and unable to let anyone get close to them emotionally. People who cannot accept love cannot give love, either.

#### A Love By Any Other Name...

If you ask any group of people what "love" means to them, you will receive an amazing array of answers. While a fair number will men-



own needs rather than those of his or her partner. Another sentiment often confused with love is infatuation, which, like "love at first sight," is a superficial attraction that can fade away into nothing. When it occurs, we tend to deny ourselves the ability to be objective about the other person's personality, problems, patterns of living, and the heart throb does not stand the test of time. In a similar way, when "love is blind" we are unable to see the other person objectively. We do see the results—in heartaches, unwanted pregnancies, divorces, and so on. Likewise, we are often unable to see ourselves, and to appreciate our own failure to be realistic. Too often we are in love with an idealized image, only to be disappointed when we become aware that the object of our love is only human.

"Falling in love" can be a form of immature love if you are only concerned about your feelings, fantasies and need of the other person. If it is a euphemism for learning to love, or developing a loving

relationship which will allow the couple to grow in love, then it is a mature, and fully rewarding, love.

### **How to Know When Your "Love Comes Along"**

Mature love is other-person centered. It is a giving rather than taking behavior. People who truly want the real thing might follow the procedure expressed in the song lyric "Getting to know you, getting to know all about you." If what you feel is mature love, you will be able to say the following to your mate:

"I respect you. I will be mindful of your needs, your ideas, your feelings and what you are trying to accomplish. I want to share with you not only the joys of life, but the heartaches. I will help you be you and help you fulfill your potential and your life goals,

and help you grow and become more and more a free person, vibrant and happy.

"I will listen to you with my heart and with my mind and never merely with my ears. I want to share with you the feelings that you experience. I love you as you are and not as the idealized image that I would like you to be. I love you just because you are you. I will always be there and you will know I am there and you will know that I will never let you down and that you can always depend on me. I will do my best to be a loving person, to be truly alive and interested in both our worlds so that we can together share the never-ending experiences of life in a joyful and meaningful way."

### **"Can I Become a Loving Person?"**

Both psychologist Eric Fromm, in his book *The Art of Loving*, and Leo Buscaglia, in his book *Love*, point out that love can be studied, learned and then practiced. By reading such works and then applying a little imagination and creative behavior, you will be pleasantly surprised at how easy it is to become a loving person—loving to your parents, your children, your friends, your partner.

There is a chapter in Jan Gardner's delightful and humorous book, *If You Love Him Bite Him*, entitled "Fill His Bathtub with Violets." While I don't recommend that you run down to the florist and come back with a car full of flowers, the idea is appropriate, creative and thoughtful. There is much that we can do to behave lovingly, to show and give the kind of love that makes another person want to love us in return. ■





# Disarming Disabilities

**"T**he importance of rehabilitation has been enhanced by the progress of medicine,"

Franz U. Steinberg, M.D., director of Jewish Hospital's department of rehabilitation medicine, told the Auxiliary members gathered at the home of Margie Horowitz (Mrs. Merle) on November 17. The occasion was the latest Seminar V Series talk, planned by co-chairpersons Leslie Waldbaum (Mrs. Lawrence) and Karen Zorensky (Mrs. Mark).

Following World War I, 58 percent of patients with spinal cord injuries died within a year, said Dr. Steinberg during an historic overview. Now, with antibiotics to fight infections, better anesthesia and more advanced operative procedures, the paraplegic patient can expect an almost normal life span. "But the price of that survival often is disability," Dr. Steinberg pointed out. "Unless some ways are found for these people to be active and resume as normal a life as possible, we've only prolonged life without doing much about its quality."

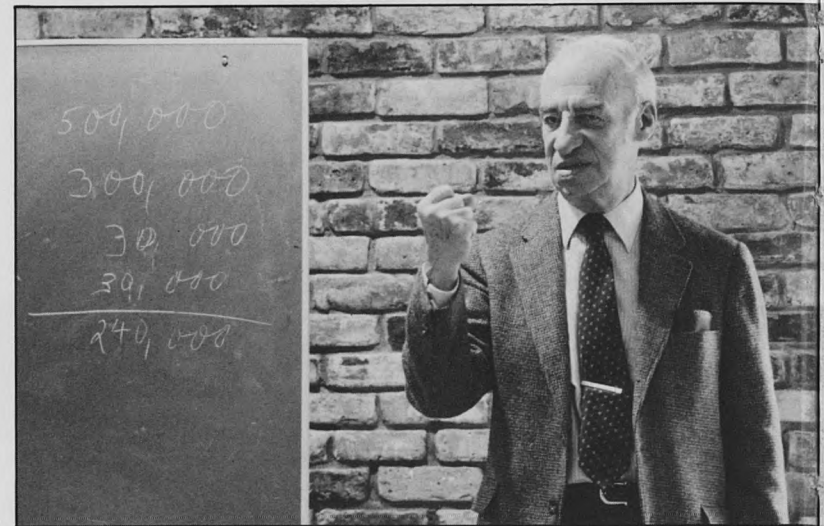
This underscores the significance of rehabilitation medicine, an accredited specialty within the framework of the American medical profession. Becoming "increasingly more complicated," it requires additional training for physicians, so the residency is being expanded from three to four years. "You have to know physiology, anatomy, understand the effect exercise will have on the heart, lungs and blood pressure and appreciate the emotional effects that will go along with changes in someone's lifestyle. Physicians are the only ones with the education broad enough to conduct a rehabilitation pro-

gram," concluded Dr. Steinberg, who holds board certification in internal medicine, and in physical medicine and rehabilitation. But they need the support of other health care professionals. Physical, occupational and speech therapists, social workers and specially-trained nurses work in rehabilitation programs, such as the one at Jewish Hospital, which serves 200 outpatients a day and can accommodate 55 inpatients.

Focusing on specific types of disabilities, Dr. Steinberg began with strokes, which affect 500,000 new victims each year in the U.S., 240,000 of whom need rehabilitation services. A total of two million Americans have been left with significant disabilities.

Dr. Steinberg used the analogy of a telephone that does not work to explain the problem stroke victims face. "If the difficulty is at the telephone system's central station, playing around with the telephone on the bedside table is not going to fix the malfunction. If stroke is a lesion in the brain, how can moving an arm or leg help? By preventing the secondary complications that arise from prolonged immobilization"—such as loss of the capability to do things for oneself, decrease in circulation and contractures of joints (the locking of limbs into certain positions due to a shortening of muscles from lack of use).

By doing exercises, learning to use a wheelchair, and taking advantage of adaptive devices such as braces, plate guards, utensils with thick handles for easier grasping, felt-tip pens and electric typewriters (which require less pressure to use), Dr. Steinberg noted, many patients who would have ended up in nurs-



*Dr. Steinberg demonstrated a phenomenon of limb locking that frequently occurs in stroke victims.*

ing homes for indefinite periods of time can go home and take care of themselves.

"Unfortunately, very little can be done to restore completely paralyzed limbs," Dr. Steinberg reported. "But if there is any flicker of activity there's a possibility of recovery." The repetition of the same motions over and over, and use of biofeedback, which makes a sound to tell patients how far they have contracted a limb, can help. "Every stroke patient deserves a chance." Dr. Steinberg cited data from a study done at Jewish Hospital several years ago. Out of 127 stroke patients admitted to Jewish Hospital within one year, 97 were discharged to their own homes. One year later, 69 of the patients (71 percent) were still at home (23 had died, the remaining 24 were in nursing homes).

"So far," Dr. Steinberg noted, "rehabilitation services

are still exempt from time limits enforced for most Medicare reimbursements, as long as progress is documented weekly for a patient.

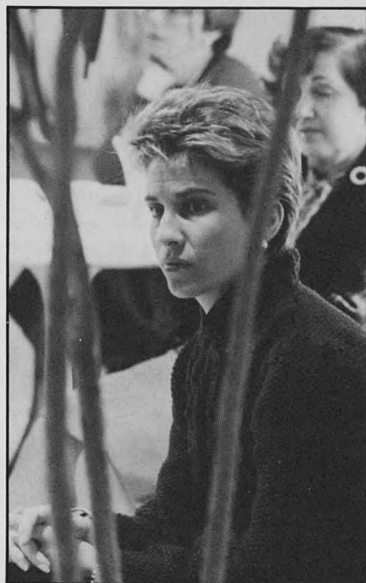
"Perhaps a more spectacular type of patient is the young person with a spinal cord injury. This is most tragic. These are people who really need our help the most because they have a normal life expectancy. Most won't walk again but if they are emotionally well-balanced, they learn to lead normal lives in wheelchairs." Dr. Steinberg cited examples of young accident victims who adjusted to their situation. One finished college and became a CPA. Two nurses, although they could not deliver patient care from their wheelchairs, remained in the profession, one as an infectious disease control specialist, the other in anesthesiology.

"Fortunately, the number of these patients is much





*Prior to the discussion, Auxiliary members Leslie Waldbaum (Mrs. Lawrence), co-chair with Karen Zorensky (Mrs. Marc) for the seminar (foreground), Lillian Dickler (Mrs. Donald), Peggy Ross (Mrs. Donald), and President Marcia Shapiro (Mrs. Robert) enjoyed a bagel breakfast and friendly conversation. A wide age group was represented in the gathering at the home of Margie Horowitz (Mrs. Merle).*



*Karen Zorensky (Mrs. Marc).*

smaller than stroke victims, about 10,000 new cases each year in the U.S.," Dr. Steinberg reported. An important aspect of this type of problem is prevention. "I wish people would use seatbelts—and outlaw motorcycles," which are often involved in accidents causing paralysis. Diving into shallow water—which Dr. Steinberg says occurs as an epidemic every summer—is another cause.

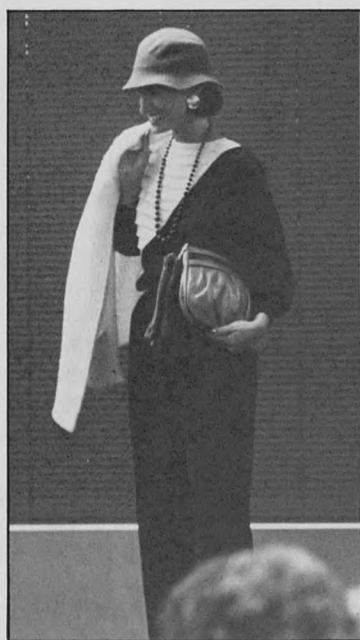
Dr. Steinberg chose to end with a less serious topic so the group "wouldn't be left with the idea that we deal only with the most dreadful things all the time." He explained his department's interest in back disability. Many back problems develop due to a single injury, he stated, which becomes

aggravated by additional minor injuries. Posture, weakness of muscle groups and misuse of the back contribute to pain. "Even an activity such as getting out of bed in the morning can be done wrong."

Through the back reconditioning program at Jewish Hospital, specially-trained therapists analyze posture, test for muscle weakness, and follow a person through the activities of daily life to see where they do things wrong and how they can be taught to stand, sleep, get in and out of bed properly, strengthen their muscles and stretch tight joints. "Much of rehabilitation deals with things that are not catastrophic," Dr. Steinberg remarked. "But they are still bothersome and to some extent disabling." ■



# HITS & MYTHS OF FITNESS & HEALTH



Following a buffet luncheon, Auxiliary members were treated to a fashion show featuring ensembles from the Gift Gallery. Here, Auxiliary member Joan Goldstein (Mrs. Mark) models a black and white sportswear outfit. The fashion show was narrated by Letty Korn (Mrs. Jeffrey), Gift Gallery chairperson.

**Editor's Note:** Recognizing the continuing interest of Americans in maintaining good health and living active lives, both the Jewish Hospital Auxiliary and the Associates in Medicine designed their fall programs around advice on how to stay healthy.

**"E**xercise may not add years to your life, but it certainly will add life to your years," said Herbert Lubowitz, M.D., as he addressed a capacity audience at the Jewish Hospital Auxiliary's annual fall meeting, October 12. Co-chairpersons Rosalie Chod (Mrs. Leonard) and Kay Loomstein (Mrs. Arthur) joined Auxiliary President Marcia Shapiro (Mrs. Robert E.) in greeting the 239 Auxiliary members gathered to hear three Jewish Hospital physicians present guidelines for "Staying Alive," the theme of this year's gathering.

Louis Avioli, M.D., Shoenberg Professor of Medicine and director of the division of bone and mineral metabolism, cautioned consumers to be wary of diets that promise quick weight loss. "Beware of what you read and how you interpret it. We all want very much to be as healthy as we can and not get old and fat, so we tend to diet, sometimes at great expense to our physical economy," said Dr. Avioli.

Dr. Avioli also disputed many current vitamin myths, such as Vitamin E is a "sex tonic," Vitamin B-12 is good for all hematological disorders, Vitamin B-17 (Laetrile) is a cure for cancer, and Vitamin C rids one of a cold or virus.

The sources of vitamin deficiencies need to be

understood, said Dr. Avioli. A main one is the birth control pill. Those who take the pill need to supplement their diets with vitamins B-2, B-6 (a deficiency of which can result in depression and elevated blood sugar), B-12, C (a daily increase of 500 mg. is recommended) and folic acid (a deficiency can lead to anemia).

Excessive alcohol intake may impair the metabolism of vitamin A; a vitamin D deficiency may be caused by drug treatments for epilepsy, phenobarbital, mineral oil and cortisone-like drugs; aspirin, alcohol, and some diet pills may cause a vitamin E deficiency; a riboflavin deficiency may be caused by heavy exercise, hormones, and excessive alcohol intake.

Across the board, however, Dr. Avioli urged women to supplement their diets with 500 mg. of calcium as calcium carbonate daily to prevent early bone loss.

Dr. Lubowitz, internist and attending physician at Jewish Hospital, told the Auxiliary members, "There are only three ways to live longer, one is to drink from the fountain of youth, if you can find it, a second is to choose antecedents with a history of longevity, and the third is to modify your lifestyle, especially in regard to smoking, disease control, obesity and exercise.

The benefits derived from exercise include decreased heart rate and blood pressure and increased ability to use oxygen efficiently; decrease in psychological stress and increased self esteem; lowered triglycerides; increased levels of HDL cholesterol (a cholesterol which keeps harmful cholesterols from getting into arteries); weight control; and increased health awareness, which will result in decreased alcohol and tobacco intake.

"The single most destructive health habit is smoking cigarettes," stated Robert Senior, M.D., professor of medicine and co-director of respiratory and critical care.

Dr. Senior reported on the research being done at Jewish Hospital and 99 other medical institutions across the country on nicotine gum which is hoped will help wean smokers of their craving for nicotine while they become psychologically free of the smoking habit. Prescription gum could be FDA-approved within a few months after all the data is compiled.

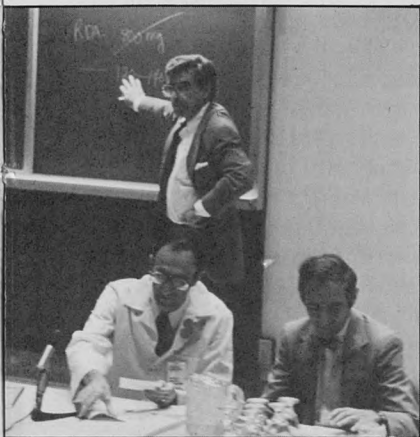
The "Staying Alive" advice on vitamins, nutrition, exercise and smoking comprised a medical overview that was intended to help separate fact from fiction.

## Finetuning for Fitness

Exercise for fitness has



*Below: Dr. Louis V. Avioli (standing), Dr. Robert Senior (left) and Dr. Herbert Lubowitz (right), panelists for the Auxiliary "Staying Alive" program.*



become a consuming interest for a majority of Americans, but without a healthy diet, exercise fanatics may not be as physically "in tune" as they believe they are.

"There is an increase in hypertension, heart disease, atherosclerosis, and strokes in this country," said Bernard Garfinkel, M.D., medical director for the St. Louis Football Cardinals and attending physician at Jewish Hospital, who spoke on "Fitness and Health" at the November 17 program sponsored by the Associates in Medicine attended by 190 people. "Restrictions in parts of the diet in addition to a program of exercise will prevent

some of these problems."

Aerobic exercise simply refers to any activity that will make muscles work. The result, explained Dr. Garfinkel, may help prevent cardiovascular problems.

Dr. Garfinkel suggested starting with a jog and walk program. The level of aerobic activity can be increased by gradually reducing the number of walking steps over a period of weeks. Eventually, one can move onto a higher level of activity, such as running, swimming, or biking.

All patients with a disease, Dr. Garfinkel noted, should participate in graduated exercise programs and always

under the supervision of their physicians. Exercise programs are now used as treatment for chronic diseases, particularly heart and lung disease and, to a lesser degree, for hypertension, diabetes, arthritis, and obesity. "Exercise will not improve the actual disease," Dr. Garfinkel stressed. "But it will improve one's ability to utilize oxygen."

Dr. Garfinkel discussed some preventive measures that can be taken to avoid injuries from high level aerobic exercise programs such as using proper form and good equipment, and protecting oneself against extreme weather conditions, which are not uncommon in the St. Louis area.

Dr. Garfinkel recommends a climitization program of short exercise periods in the heat, 30-minute sessions for the first week, and dressing warmly and in layers, which will prevent a sudden drop in body temperature in cold weather.

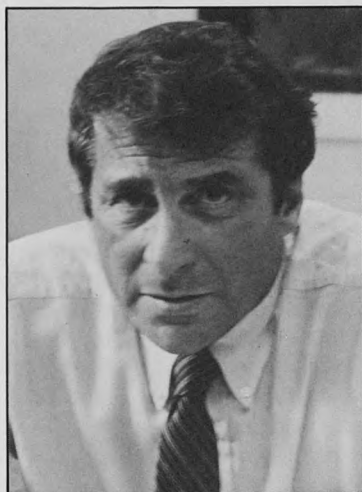
Before closing, Dr. Garfinkel discussed sudden death in athletes, a rare occurrence which affects one in five million men and one in 17 million women. In athletes aged 40 or older, the victims almost always have unsuspected cardiac disease. Although potential victims of sudden death generally are not aware of their disease, cardiac problems can be detected by having regular checkups which include either an electrocardiogram or an echocardiogram. ■



*Above left: Nearly 200 people attended the November 17 Associates in Medicine program, featuring Bernard Garfinkel, M.D., (above right). Left: "Staying Alive" co-chairpersons Rosalie Chod (Mrs. Leonard), at left, and Kay Loomstein (Mrs. Arthur), at right, confer with Marcia Shapiro (Mrs. Robert) just prior to the fall meeting.*



# VIP PROFILES



*Marc A. Seldin*

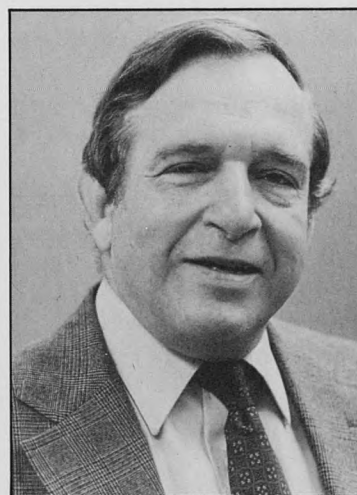
Marc A. Seldin, recognized by several organizations for his contributions to the welfare of the Jewish community, joined the Jewish Hospital Board of Directors in June of 1983. During the initial months of his term, he learned all he could about the workings of the institution and its directors in order to later choose the committee topic which his interests and experience could best serve.

The Princeton University graduate has spent 30 years at Miss Elaine Lingerie, where he is an owner and president. He recently moved up from the Young Presidents Organization, comprised of company presidents under age 50, to the World Business Council, and also belongs to its St. Louis counterpart, Senior Executive Officers, founded two years ago.

Also two years ago, the American Jewish Committee honored Mr. Seldin at a fundraising dinner in New York for his achievement in the intimate apparel industry. Last spring, he was the first man to be honored by the Underfashion Club of New York, which traditionally awards women.

Seldin is currently co-chairperson of the Jewish Federation's endowment fund drive and serves on the Federation finance committee. The JCCA counts him as a sustainer. The native St. Louisan also supports the Eliot Society at Washington University and the Associates of the President of St. Louis University.

The father of three children and a sports enthusiast, Seldin is looking forward to selecting an area of board activity where he can make the greatest contribution. ■



*Sidney Jick, M.D.*

As president of the Medical Staff Association of Jewish Hospital, Sidney Jick, M.D., serves on the board of directors in a position that was created seven years ago. "Since the doctors are so involved here, and have a permanent loyalty to the Jewish Hospital family, representing their points of view to the board is an important function," notes Dr. Jick. One of his accomplishments has been to get the by-laws amended to allow for more direct communication between medical staff and the board. In

addition, he secured approval for the president-elect of the Medical Staff Association to sit on the board as a non-voting member for the two years prior to taking office, which next happens in November of 1984.

Dr. Jick's 30-year affiliation with Jewish Hospital began following his medical education at Washington University and internship at City Hospital. He served as assistant resident, then chief resident, at Jewish Hospital, did a one-year fellowship in cardiology at Mt. Sinai in New York, then returned to his hometown to set up a private practice.

A former member of CASA and the JCCA Adult Education Committee, Dr. Jick has served in a fundraising capacity for the Jewish Federation, is past vice president of the Associates in Medicine, is a member of the St. Louis Cardiac Club and American Heart Association, a fellow of the American College of Cardiology and involved with the St. Louis Medical Society.

Dr. Jick and his wife, Gina, have two children, one of whom is in his first year at Washington University Medical School. "I've always been a strong supporter of our University affiliation," Dr. Jick says of Jewish Hospital, with which he expects to enjoy a life-long relationship. "I like the fact that it is a teaching institution of the first quality, that we have the best facilities. It's stimulating to be around others who are practicing state-of-the-art medicine. You have to keep up. And it's the kind of institution which encourages that." ■





# JEWISH HOSPITAL NEWS BRIEFS

**Charles B. Anderson, M.D.**, gave a speech to the Veterans Administration continuing education program on "Renal Transplantation" September 20 in St. Louis. Dr. Anderson also spoke on "Donor Specific Blood Transfusion" to the Midwest Organ Bank Fall Transplant Conference October 12 in Kansas City, Missouri.

**John Bedwinek, M.D.**, gave a speech to the American Society of Therapeutic Radiologists on "A Refresher Course on the Treatment of Early Breast Cancer with Tumor Excision and Irradiation" in Los Angeles, California, in early October.

**Stanley Biel, M.D.**, attended a seminar on "Technicians and Physicians Workshop

on Cardiac Ultrasound in 2-Dimensional and Doppler Echocardiology" October 17-28 in Merrimack, New York.

**W. Griffith Bowen, M.D.**, presented papers on "Pre-operative Evaluation of the Cardiac Patient" and "Anesthetic Considerations in the Cardiac Patient" to the Missouri Association of Nurse Anesthetists, October 15 in St. Louis.

**Rose Boyarsky, Ph.D.**, has been appointed a member of the State Committee of Psychologists (SCOP) for a five-year term effective November 1983. SCOP is the state licensing arm of the Missouri Department of Consumer Affairs.

**Saul Boyarsky, M.D.**, recently returned from a lecture

tour at Hadassah Hospital in Jerusalem, Israel. He attended rounds, surgery, cystoscopy and urodynamic sessions with, among others, Amos Shapiro, M.D., who recently returned to Hadassah Hospital after two years with the Jewish Hospital Urology Laboratory. Dr. Boyarsky was honored at the joint international meeting of the Urodynamics Society and the International Continence Society held in Aachen, Germany, from August 31-September 3. He was recognized for his pioneering work in urodynamics and as founder and first president of the International Urodynamic Society. At the meeting, Dr. Boyarsky gave an address on "Integrative Ureteral

## PEP TALK ON SPEECH

**PATTERNS**—One of the occasional symptoms of Parkinson's Disease, sometimes evidenced in later phases of the illness, is speech and swallowing function difficulties. Communication, eating and swallowing problems can prove to be debilitating to the patient, both physically and psychologically.

This subject was addressed at the Auxiliary-sponsored PEP (Parkinson's Educational Program) meeting held November 6 in the Steinberg Amphitheater, featuring Audrey Sullivan, M.A., CCC-Sp., chief speech pathologist at Jewish Hospital.

Ms. Sullivan told the audience of more than 150 people that Parkinson's patients may need to learn to coordinate their breathing and phonation in order to correct speech defects arising from their illness. Other problems may be experienced through lack of tongue control, which makes swallowing belabored and difficult. Ms. Sullivan explained a number of exercises designed to help the

patient counteract these effects of the disease.

Such speech difficulties as reduction of volume, fading voice, monotone speech, imprecise articulation, hesitation before speaking and uncontrolled repetitions of words, phrases or sentences are among other problems associated with Parkinson's disease. Ms. Sullivan presented a number of oral exercises, sound repetition patterns and words that are made with different parts of the mouth for patients and their families to

practice to improve their speech and swallowing skills. A 19-page set of exercises was distributed at the PEP program.

Parkinson's patients may also experience disorganized tongue movements, a delay in triggering the swallowing reflex, food collection in the throat, and coughing and choking. Sullivan provided a number of techniques to improve swallowing skills, such as correcting posture, diet control so that substances are easy for the patient to manage, oral motor management and therapies to counteract disorganized tongue movements.

*PEP, sponsored by the Jewish Hospital Auxiliary, meets three times a year. The next program will be in April. For more information, call 454-7130. The National Parkinson Foundation provides a toll-free telephone number for patients who need answers to specific questions. It operates Monday through Friday, 8 a.m. to 4 p.m., at 1-800-327-4545.*





Urodynamics and its Future."

**David Caplin, M.D.**, presented a paper on "New Developments in Plastic Surgery" to the United Ostomy Association on September 26 in St. Louis. Dr. Caplin also spoke to a group of social workers and insurance company representatives in St. Louis on October 29 on "Surgical Correction of Hands in Relation to Spinal Cord Injuries."

**Raymond S. Dean, M.D.**, co-authored a paper on "Lateral Preference Patterns and Cross Modal Sensory Integration" with B.A. Rothlisberg, which appeared in the July 1983 *Journal of Pediatric Psychology*. Dr. Dean has also been elected to several posts: editor of the *Bulletin of the National Academy of Neuropsychologists*, 1983-1985; diplomat of the American Board of Professional Neuropsychology; fellow of the National Academy of Neuropsychologists; and fellow of The American Psychological Association. Dr. Dean gave a speech on "Attention Effects in Normal Children's Auditory Asymmetries" to the American Psychological Association in Anaheim, California, in August 1983.

**Joseph W. Eades, M.D.**, gave a speech on "Breast Reconstruction, Rectus Abdominus Flap" to Washington University radiology residents and staff, on September 23.

**Alvin Frank, M.D.**, was elected to the executive committee for the North American Program Committee for the 34th International Psychoanalytic Association Congress to be held in Hamburg, Germany, in July 1985.

**Michael J. Gast, M.D.**, gave speeches on "Hypertension in Pregnancy" and "Contraception for the 1990s" to the Missouri Perinatal Association's

**LEARNING THE LINGO**—For 11 weeks between October 13 and December 22, 1983, 33 employees of private physicians' offices attended a medical terminology course given by "B" Norber of the department of education. The material presented in the course—word structure, body systems, basic anatomy, tests, abbreviations and related terminology—has been covered in classes for Jewish Hospital employees since 1982, but for the first time, it was being offered to people outside the hospital. The class was started as a service to our private physicians, and developed in response to a survey in which the doctors indicated subjects they would want their personnel to learn. Participants came from as close as the Central West End and as far as Ballas Road and Overland for the program offered in both a day and evening section. For information on future classes, contact "B" Norber, department of education, 454-8660.

fifth annual clinical conference, October 6-7, in Jefferson City. Dr. Gast co-authored a paper on "Maternal Hydrocephalus and Pregnancy" for the September 1983 issue of *Obstetrics and Gynecology*. He was elected president of the Missouri Perinatal Association for the term October 1983–October 1984.

**Jerome J. Gilden, M.D.**, spoke on "Total Hip and Total Knee—State of the Art for 1983" at a meeting at Harvard Medical School, Boston, Massachusetts, September 28–October 1.

**Randy L. Hammer, Ph.D.**, presented the keynote address, "The Meaning of Disability," to the Missouri Association of Occupational Health Nurses in St. Louis



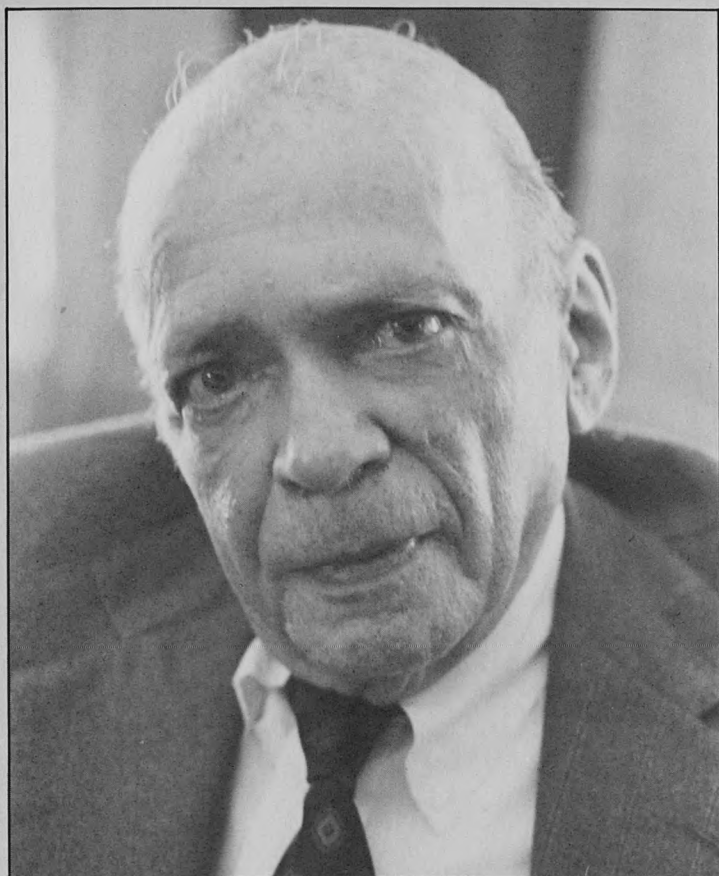
**DEPARTMENTAL HONORS**—In November, the community relations/publications department at Jewish Hospital trotted away from the Missouri Hospital Association (MHA) convention with more than enough "Muleshoes" to shoe a mule. The Muleshoe Awards, presented annually by the Missouri Association of Hospital Public Relations, an affiliate organization of MHA, recognize quality performance in the profession of hospital public relations.

*Employee Update*, the monthly newsletter for hospital employees, was judged top in its class. Second place awards were earned by the annual report of 1982, the Case Statement (a special fund raising publication), a photograph taken for the Case Statement, the publicity campaign produced for the Jewish Hospital Auxiliary's Clover Ball of November, 1982, and by this very magazine, *216*.

In a separate competition, the Flair Awards sponsored by the Advertising Federation of St. Louis to

honor excellence in public relations and advertising, Jewish Hospital took a first place for the Case Statement and awards of excellence for writing and *216*. The published work was judged for the honors among 1,444 entries.

The winning entries would not have been possible without the contributions of a team of hardworking people. The proud department staff includes (left to right) Sharon Zaring, publications assistant, Janet Ruegg-Hawks, publications assistant, Lesli K. Koppelman, publications manager, Carol Keaton, editorial assistant, and Sandi Spilker, director of community relations. Not pictured are Linda Krohne Nitchman, former editor of *Employee Update*, Tom Morton, freelance photographer, Denise Pattiz Bogard, former publications manager who wrote the Case Statement and contributed to the annual report, and George Purviance and Dolly Reed of the graphics design firm Cunningham/Purviance.



**MEMORIAL TO  
MILLARD A. WALDHEIM—**

Millard A. Waldheim, the longest-tenured member of the Jewish Hospital Board of Directors, died on Wednesday, October 19, 1983, at Jewish Hospital following a heart attack. He was 80 years old. During his 51-year association with Jewish Hospital, Mr. Waldheim served a 13-year term as treasurer, and an 11-year term as vice president. He was also chairman of the executive committee prior to being elected life member of the board. He contributed monies for the Aaron Waldheim Clinics in memory of his father, who had served as hospital president between 1915 and 1938. In 1972, Waldheim endowed the Waldheim Department of

Surgery.

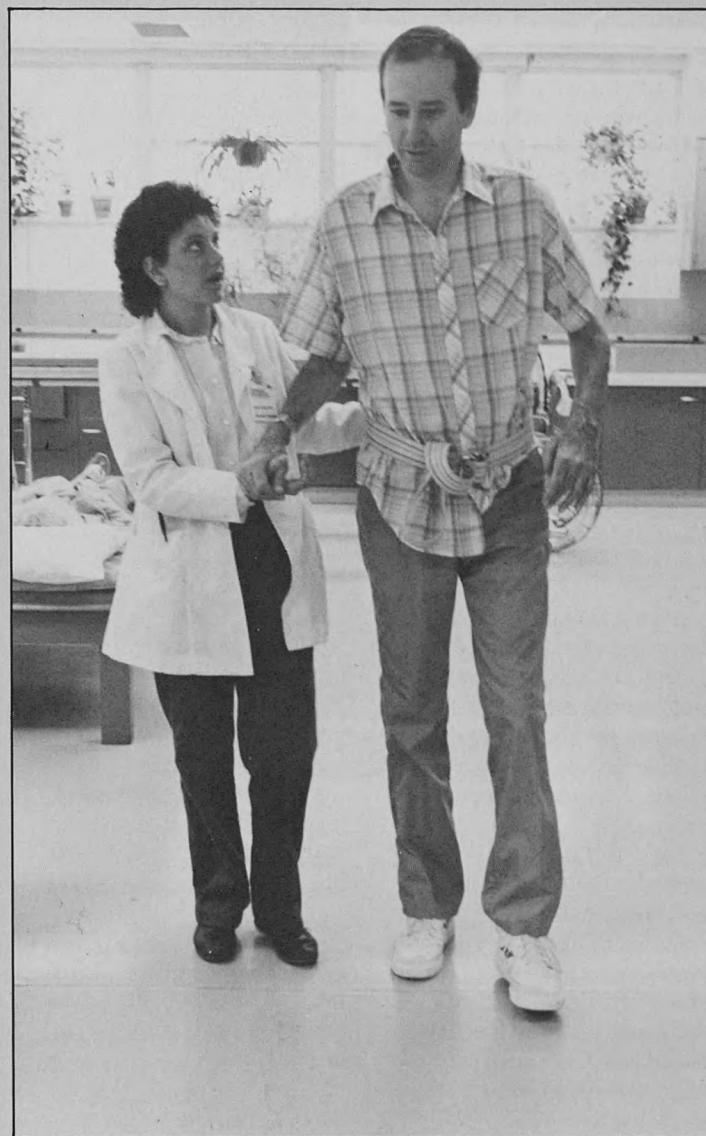
The 1924 graduate of Yale University had operated the Waldheim Realty Company, started by his father. Following his employment as a stockbroker with Waldheim, Platt & Company, he became a partner in the brokerage firm of Newhard Cook & Company, Incorporated. In recent years, Mr. Waldheim devoted much of his time and energies to Bwamazon Farms, a thoroughbred horse breeding farm near Lexington, Kentucky, that he purchased in 1949. Three of his horses ran in the Kentucky Derby.

Waldheim and his wife, Sally, had two daughters, Leslie Waldheim of St. Louis, and Mary Lemmon of San Francisco, and three grandchildren.

**STANDING OVATION—**

In the last issue of 216, we reported about a new device which was helping rehabilitation patients regain a sense of independence. The article, "Agents of Environmental Control," featured Bob Walters, paraplegic as the result of a freak accident, and the first Jewish Hospital patient to use the environmental control unit. Today, Walters no longer needs the electronic device he credits with having given him the psychological

boost which aided his physical recovery. Following preparation of the article, Walters regained some use of his hands and arms and started to walk again. After a stroll around the rehabilitation gym with his physical therapist, Cindy Couri, PPT, Walters said, "The doctors didn't know what I'd be able to recover. I just wanted to work as hard as I could to progress as far as I could." He's moving forward all the time.





November 22. Dr. Hammer also spoke on "Sex and Disability" at the Masters and Johnson Institute postgraduate workshop on human sexual function and dysfunction in St. Louis, October 10-14.

**Godofredo M. Herzog, M.D.**, recently attended the 5th International Congress of the International Laser Society, the theme of which was "New Applications of Lasers in Gynecology," October 6-9 in Detroit. Dr. Herzog has been elected a fellow of the International Laser Society.

**Barry R. Hieb, M.D.**, gave a speech on "Clinical Glossary Applications on the Wang OIS 140" to the International Society of Wang Users, September 12-14, in Boston, Massachusetts. He also participated in a panel discussion on "Medical Applications of Word Processing" at that meeting.

**Dov Kadmon, M.D.**, co-authored a paper with William R. Fair, "Classification of Prostatic Diseases," presented to the American Academy of Family Practitioners meeting October 10-13 in Miami Beach, Florida. Dr. Kadmon taught a course on "Urinary Infections in the Male" at an American Urological Association seminar in Norfolk, Virginia, September 16-17.

**Donald J. Krogstad, M.D.**, participated in a CAP/ASCP panel discussion on "Nosocomial Infection Risks among Hospital Personnel" in St. Louis on October 20.

**Marvin Levin, M.D.**, was a faculty member of the Fifth Annual Hilton Head Symposium on the clinical management of diabetic and endocrine disorders. At the Annual Diabetes Symposium, held in St. Louis, he spoke on current topics in diabetes for the practicing physician. At the Dr. William Scholl College of Podiatric Medicine,



#### HOME IS WHERE THE CARE IS

—The 30th anniversary of the Jewish Hospital home care division celebrated in October of 1983 coincided with the naming of a new director of the division, James Sebben. Mr. Sebben, who holds a master's degree in social work (MSW) from St. Louis University, has completed all course work towards a Ph.D. in social work with a specialty in gerontology from St. Louis University.

A combination birthday and welcome party for the staff and guests was marked by a reception in the hospital's Brown Room October 13. David A. Gee, president, addressed the group, recalling the early days of the then-pioneer program

and commending the staff on its excellent performance over the years.

When formed in 1953, the Jewish Hospital home care division was the first of its kind in St. Louis. Today there are more than 40 groups in the area offering such programs, largely possible through Medicare funding of specified home care. It is Medicare that provides almost all of the funding for the hospital home care division.

The division opened with 25 patients and an operating budget of \$30,000. In 1983, the budget was \$2.4 million and covered service to an estimated 4,500 patients through 32,000 visits. In 1953, the cost of a home care visit was \$3; today it is \$54, still far less than care in

the hospital.

One of Sebben's primary responsibilities is to ensure that the program complies with tightened Medicare regulations, especially those regarding the homebound status of patients. He is interested in providing hospice care for the terminally ill as well as programs to help family members better cope with the homebound patient.

The director, who resides in Kirkwood with his wife and four children, teaches graduate level courses in gerontology at Webster University, is a board member of the Emergency Children's Home (ECHO), serves on the advisory board of the St. Louis County Older Residents program and coaches Little League baseball.

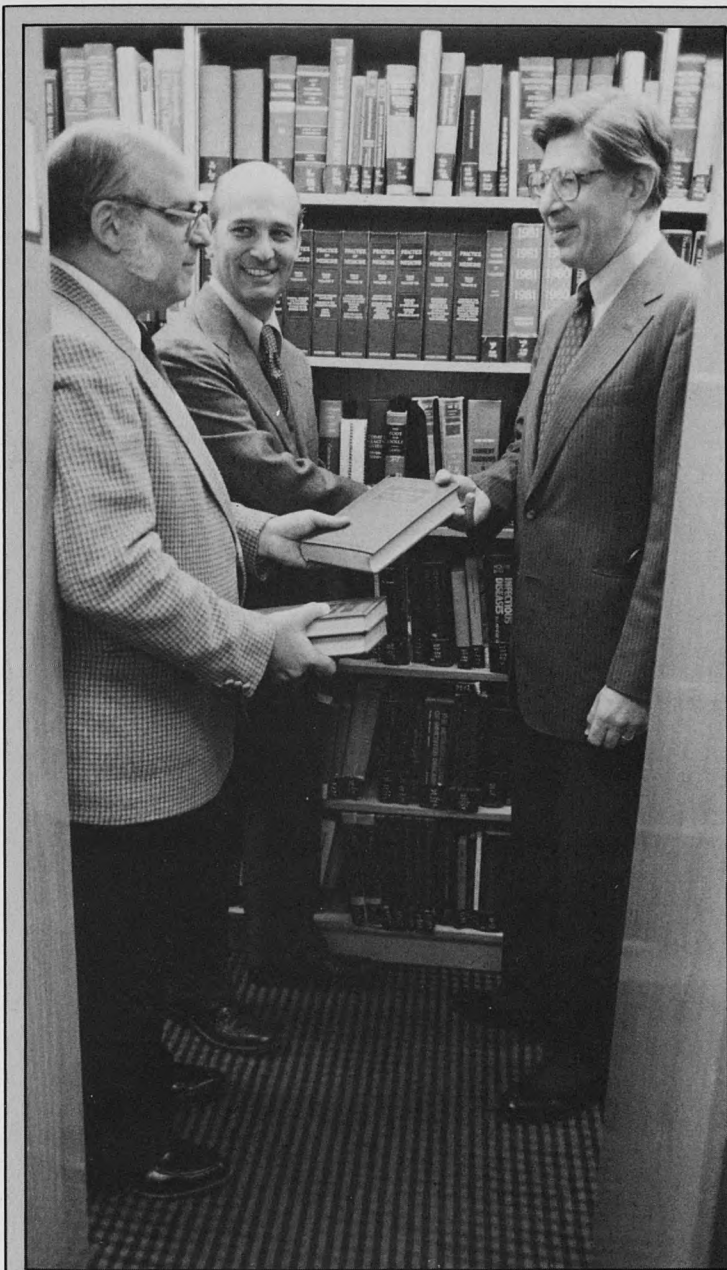
Chicago, Dr. Levin spoke on the problems and treatments of the diabetic foot. Recently, Dr. Levin helped prepare teaching tapes of physicians and patients for the Nautilus Television Network on diabetes.

**Laurence A. Levine**

**M.D., DDS**, published a paper, "Establishing a Voice Laboratory," in the *Transcripts of the 12th Annual Symposium on Care of the Professional Voice*. The symposium, at which Dr. Levine presented the same topic, was held June 6-10 at the

Juillard School, New York. Dr. Levine gave a speech on "Laser Surgery" to the Association of Recovery Room Nurses, October 4, in St. Louis.

**Virgil Loeb, M.D.**, has been appointed to the Board of Scientific Counselors of the



**DONATING DOCTORS**—The Jewish Hospital Medical Staff Alumni Association has provided \$1,000 to the Rothschild Medical Library for the purchase of new books. Benje Boonshaft, M.D., president of the alumni association (left), recently made a symbolic presentation of the gift to Arnold Goldman, M.D., and Benjamin

Borowsky, M.D., co-chairmen of the library. The Medical Staff Alumni Association also added \$2,200 to The Jewish Hospital School of Nursing scholarship fund already established in its name. Another contribution, from the Medical Staff Council, added \$5,100 to the amount available for nursing scholarships.

#### **FOCUS ON HEALTH**—

Approximately 500 people took advantage of the FOCUS Week Health and Human Services Fair sponsored by Jewish Hospital, Jewish Family and Children's Services, Jewish Center for Aged and Jewish Employment and Vocational Services, October 3-6 at the JCCA.

"The agencies all came together under one roof and all presented superbly. The level of quality of the agencies showed through and, needless to say, Jewish Hospital's showing was the most sophisticated, businesslike and greatest in sheer numbers," Shirley Cohen, Jewish Hospital liaison for FOCUS Week and member of the Jewish Hospital Board of Directors, said of the Jewish Hospital contribution.

Daily, more than 100 people representing Jewish Hospital from the School of Nursing, hospital departments and volunteer organizations participated in the fair, by taking blood pressure measurements, helping participants fill out forms, and distributing literature.

Although the majority of people screened at the three-day Health and Human Services Fair passed their tests,

136 individuals displayed blood pressure above or below normal limits. Thirty-six men and women showed some sort of oral disorder, and 145 participants could not pass the vision test. In addition, 23 people tested positive for anemia and four glaucoma cases were detected. Blood lab screening was provided for 250 people.

"When we catch even one health problem in its early stages and urge the person involved to obtain immediate treatment, we feel satisfied that what we are doing is significant," says Patti Eisenberg, R.N., who coordinated Jewish Hospital's participation in the fair. Ms. Eisenberg oversaw the health screenings and was available to ensure that the activities and testing proceeded without difficulty.

Participants were asked to complete an evaluation form on their experience at the fair. More than 40 of 50 sampled responses rated the fair as "excellent;" and respondents said they would attend another fair, and all those whose tests indicated need for follow-up, as well as several others, said they would seek further evaluation on their test results.

#### **SAFETY FIRST**—For

baby's first car ride—and subsequent trips for the next nine months—Jewish Hospital is offering infant car seats to parents enrolled in our pre-natal class and who deliver at the hospital. A joint project of the departments of nursing and central supply, and the Jewish Hospital Auxiliary, the program was begun with seats provided by the state of Missouri. For a rental fee of

\$20, parents may reserve a seat. If it is returned promptly and in good condition at the end of a nine-month period, \$10 of the fee may be refunded or it may be donated to the hospital. A movie demonstrating installation, use and the need for protective seating is shown during class. For more information on registering for the childbirth class, call 454-7130.



## NEWS BRIEFS

National Cancer Institute, division of resources, centers and community activities in Bethesda, Maryland. Dr. Loeb was elected president of the Missouri division of the American Cancer Society for 1983-1985.

**Bernard Loitman, M.D.**, attended the American College of Radiology Convocation, September 27 in Denver, Colorado. Dr. Loitman was elected to the degree of Fellowship in the American College of Radiology.

**Alan Londe, M.D.**, presented papers on "Abdominoplasty for Deformations of the Abdomen" and "Post Mastectomy Breast Reconstruction" to the Soviet-American General Surgery Study Tour in the Soviet Union, August 21 - September 4. During the tour, Dr. Londe participated in panel discussions, "Update on Breast Cancer" and "Augmentation Mammoplasty." He was recently elected to the board of directors of the county unit of the American Cancer Society. Dr. Londe was also elected president of the Vitali Medical Foundation.

**Alan P. Lyss, M.D.**, attended the Seventh Annual Cancer Symposium in San Diego, California, October 31 - November 2. The theme of the meeting was "Malignant Disease."

**Charles Mannis, M.D.**, attended the American Academy of Orthopedic Surgery convention on "The Shoulder in the Athlete" in Los Angeles, California, on August 28-31. The *American Journal of Sports Medicine*, September 1983, Vol. 11, No. 5, published a paper on "Osteochondral Fracture from Weight Training" authored by Dr. Mannis. He also spoke to the National Association of Orthopedic Nurses November 8 in St. Louis on "Injuries of the Foot."

**Robert R. Mecham, Ph.D.**, has been selected as

editor of the *International Review of Connective Tissue Research*, published by Academic Press.

**Theodore Merrims, M.D.**, attended the International Seminar on Surgical Treatment of Breast Diseases in London, England, October 1.

**Jerry Meyers, M.D.**, attended the Chicago University School of Medicine meeting on "Critical Care" September 29 - October 2 in Lincolnshire, Illinois.

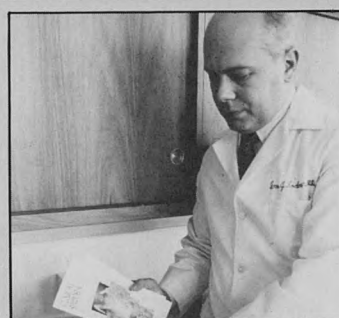
**Erwin B. Montgomery, Jr., M.D.**, published a paper on "Signs and Symptoms From a Cerebral Lesion that Suggests Cerebellar Dysfunction" in the July 1983, issue 40, of *Archives of Neurology*.

**Julian Mosley, M.D.**, was named Outstanding Speaker of the Year by the American Cancer Society at its awards banquet October 7 in St. Louis. Dr. Mosley also participated in a panel discussion on "Surgical Approaches to Thyroid and Breast Cancer" at the Great Medical Getaways Seminars program in Pueblo, Colorado.

**Scott M. Nordlicht, M.D.**, gave a speech on "The Art of Clinical Cardiology" to the Clinton County Medical Society on October 14.

**William A. Peck, M.D.**, attended the International Conference on Calcium Regulating Hormones in Kobe, Japan, October 15-24.

**Carlos A. Perez, M.D.**, presented the following speeches: to the XIII Inter-american Congress of Radiology and the XI National Congress of Radiology in Guadalajara, Mexico, on August 28 - September 1, "Carcinoma of the Prostate;" to the VIII Peruvian Cancer Congress and First Latin American Congress of Clinical Oncology of the UICC in Lima, Peru, September 18-22, "Tumors



**INTERNATIONAL EDUCATION**—In late summer of 1983, Ira J. Kodner, M.D., director of colo-rectal surgery, received an unusual letter. It came from Jozef Weislek, a student at the Medical Academy in Poznoi, Poland. Mr. Weislek, who has one more year of training before becoming a surgeon, had read an article written by Dr. Kodner in the journal *Clinical Symposia*. "This book is very good and I think it [will] help me in my work when I will be [a] surgeon," the student wrote. He went on to request that Dr. Kodner send him additional information. "Unfortunately, it is impossible to get other books...because it is too expensive," he said.

Until receiving the letter, Dr. Kodner had no idea that his writings had reached behind the Iron Curtain. Michael Zimecki, Ph.D., who arrived in St. Louis in

November to do a two-year fellowship in immunology with Carl Pierce, M.D., Ph.D., Jewish Hospital pathologist-in-chief, notes that it is no surprise that a Polish medical student would have had access to publications in English. "Almost all the major scientific journals are in the libraries of medical schools and institutes. But after the disturbances of 1980-81, we were unable to pay for them, because of the economy."

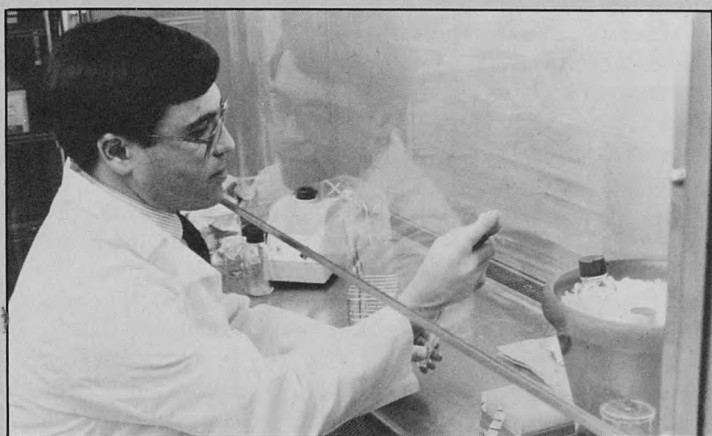
Even with access to the journals, and other medical books in English, the student "would have to show a lot of determination," notes Maria Nowak, M.D., a member of the Jewish Hospital house staff as part of her ENT residency at Washington University Medical Center. Now an American citizen, Dr. Nowak was raised in Poland. "He would have had to have studied English on his own because not much time is devoted to it in school," she explains. Since Poland is interested in developing its cultural and scientific endeavors, it does welcome input—in the form of written materials from the west.

Dr. Kodner gathered some pertinent reading matter (above) and sent it off to his future colleague.

in Children: Results of the Cooperative Study of the Treatment of Ewing's Sarcoma," "Present Status of Radiology in Lung Cancer," "Hyperthermia and Irradiation in the Treatment of Malignant Melinoma," and "Future of Radiotherapy in the Treatment of Cancer;" to the American Society of Therapeutic Radiologists in Los Angeles, California, October 2-7, "Clinical Results with Irradiation and Local Microwave Hyperthermia in

Cancer Therapy," "Carcinoma of the Uterine Cervix: Significance of Barrel-Shaped Configuration in Stage IB, IIA and IIB" and "Clinical Applications of Local Hyperthermia."

**Arthur L. Prenskey, M.D.**, co-authored a paper "Intelligence in Epilepsy: A Prospective Study" with B. Bourgeois, H. S. Palkes, *et al.*, published in the October 1983 *Annals of Neurology*. While attending the Child Neurology Society meeting



**GIFTS THAT KEEP ON GIVING**—Much publicity is generated when the Auxiliary donates funds for a piece of equipment or improvement project, but sometimes little is heard about the benefits derived from that gift. The Auxiliary is trying to change that. Richard Markham, M.D., spoke at the October 18 Auxiliary board meeting on the results of his immunology research, funded by a \$100,000 grant awarded him by the Auxiliary in 1981 when the organization decided to fund research endeavors designed to combat conditions and diseases of particular interest to women.

The grant established and equipped the Jewish Hospital Auxiliary Infectious Disease Laboratory on the fifth floor of the Yalem Research Building for Dr. Markham's research on the cellular basis of the body's immune response to experimental vaccines for two deadly bacteria: Group B *streptococcus* and *Pseudomonas aeruginosa*. Antibiotics are frequently ineffective in combating infections caused by these bacteria.

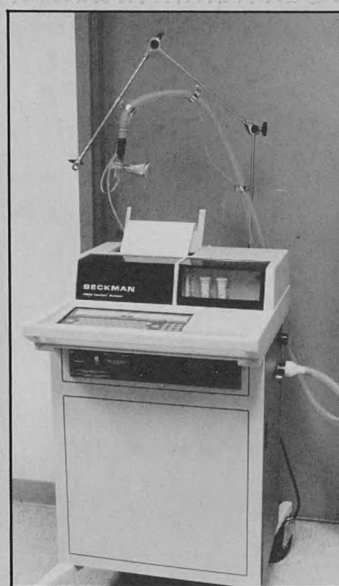
Group B *streptococcus* is the leading cause of sepsis and meningitis in newborn American infants. *Pseu-*

*domonas aeruginosa* is a major cause of infection and death in burn victims, children with cystic fibrosis and immuno-suppressed patients (cancer and transplant patients).

Dr. Markham's research has resulted in the isolation in mice of the T-lymphocyte, which has been shown to secrete a product toxic to *Pseudomonas aeruginosa*. He has published three manuscripts on his findings, with a fourth in the works, all of which cite the Jewish Hospital Auxiliary grant.

"This kind of study requires time and money," Dr. Markham told the Auxiliary board. "With the money you contributed, I have been able to generate enough data to apply for further support, and recently received a three-year, \$200,000 grant that would have been impossible to get without your donation. I hope you continue to support further research for new investigations at Jewish Hospital."

Commented Marcia Shapiro (Mrs. Robert), Auxiliary president, "I feel a sense of awe as we listen to you speak and such pride that we could support you in your work."



**NUTRITION WAGON**—A \$42,000 Beckman metabolic cart, donated by the Jewish Hospital Auxiliary, will give Jewish Hospital state-of-the-art technological capabilities in nutritional management of the critically ill, according to John D. Hirsch, M.D., director of the hospital's total parenteral nutrition team.

More than 40 nutritional parameters can be measured by analyzing the carbon dioxide and oxygen expelled during breathing. A patient need only breathe into a tube attached to the metabolic cart and a microprocessor computer will calibrate the results

of a nutrition program. The evaluation process is termed indirect calorimetry.

"This is a non-invasive means of assessing the energy stores of a patient and what type of nutrients are being utilized. We can easily assess the efficiency of a program of nutritional management," says Dr. Hirsch. "This addition to our program will keep the nutritional support services of Jewish Hospital number one in the city both in quality of care and level of technology."

The metabolic cart can also be used to measure the results of cardiac and pulmonary stress tests and, since it is portable, can be brought to a patient or moved from department to department as needed. Darnetta Baker, RRT, technical director of respiratory care services, has recently undergone an intensive training course to learn how to operate the metabolic cart.

Stephen S. Lefrak, M.D., co-director of the respiratory and critical care division, says the new equipment will be used in the medical and surgical intensive care units to determine nutritional needs of critically ill or injured patients as well as in cases of shock and lung or heart failure."



**TOUR GUIDING**—On October 25, members of the Jewish Hospital Auxiliary attended a docent update, which included a tour of the Jewish Hospital emergency room with Todd Hofmeister, R.N., head nurse, emergency room. The purpose of the update was to review the functions of various hospital departments for Auxiliaries who volunteer their time to give hospital tours.



## NEWS BRIEFS

October 13-16 in Williamsburg, Virginia, Dr. Prensky addressed the group on "Holes in the Basal Ganglia." On October 28, he participated in a panel discussion at the Boston City Hospital Grand Rounds program on child neurology. Dr. Prensky also attended the American Neurological Association meeting in New Orleans, Louisiana, October 2-5 and the Professors of Child Neurology meeting October 12 in Williamsburg.

**Gary Ratkin, M.D.**, gave a speech on "Chemotherapy and Cancer Care: Dilemmas and Solutions" at the Jewish Hospital Nursing and Pharmacy Seminar on "Chemotherapy—What is your Role?" on October 3. Dr. Ratkin attended the Symposium on Supportive Care of Leukopenic Patients September 30 in New Orleans, Louisiana. He has been elected to the clinical practice committee of the American Society of Clinical Oncology for 1983-1984.

**Rodolphe Ruffy, M.D.**, and **Roop Lal, M.D.**, **Mike Rich, M.D.**, **Asim Nesar, M.D.**, and **Anil Shah, M.D.**, attended the American Heart Association meetings in Anaheim, California.

**Scott Sale, M.D.**, co-

authored a paper on "Allergic Aspergillus Sinusitis" with Anna Katzenstein and Paul Greenberger published in the July 1983, Volume 72, issue of the *Journal of Allergy Clinical Immunology*.

**Charles Silverberg, M.D.**, attended the American College of Cardiology course on "New Techniques and Concepts in Cardiology" October 20-20 in Washington, D.C.

**Jules Snitzer, M.D.**, attended the 1983 Legal-Medical Conference aboard the *MTS*

*Danie* August 18-September 4. Dr. Snitzer also attended the American Academy of Periodontology-Periodontics in Atlanta, Georgia, September 27-October 1. Recently, he was appointed to the American Academy of Periodontology Scholarship Committee.

**John R. Taylor, M.D.**, co-authored a paper on "Alcoholism in Women: Racial Differences" with S. E. Helzer and T. D. Combs-Orme that was presented to the World Psychiatric Association in Vienna, Austria, July

10-16.

**Herman Turner, DDS**, attended the annual convention of the American Association of Oral and Maxillofacial Surgeons in Las Vegas, Nevada, September 21-24.

**Bruce Walz, M.D.**, presented a paper on "Radioactive Implantation of the Brain," co-authored with Drs. Marchosky, Simpson, Abrath and Cole, at a radiology conference in Baden-Baden, Germany, September 15. On October 5, while attending an ASTR meeting in Los Angeles,

### NOW SEE THIS —

Recently, Jewish Hospital installed a C-Phone, an instrument deaf people can use to communicate by typing a message on a keyboard. Jewish Hospital is one of several area hospitals that have such equipment to receive emergency calls from the deaf community. Both caller and receiver must have C-Phones, as messages are encoded by tones generated by the transmitting C-Phone, not by voice.

When a designated telephone in the emergency

room rings, the handset is placed onto a receiver on top of the C-Phone. The message is decoded, translated into words and flashed across a video screen. Emergency room personnel respond by using a keyboard to type a return message to be transmitted to the caller's screen.

Thomas Covey, M.D., associate director of the department of surgery, was instrumental in the acquisition of the C-Phone. "I have a daughter who is deaf, and I thought it would be worthwhile for Jewish Hospital to

have a C-Phone so that anyone who is deaf could call here. It seemed an appropriate service to offer the deaf community." The C-Phone was purchased by the Associates in Medicine as a gift to the hospital.

To allow hearing-impaired patients to keep in touch with friends and relatives during their hospital stays, Jewish Hospital has acquired a portable C-Phone for patient use.

The telephone number of the Jewish Hospital C-Phone is 454-7952.

**SOMEONE'S IN THE KITCHEN**—The hospital has arranged for full-time mashgiach services through the Vaad Hoeir (United Orthodox Jewish Community). The mashgiach, who supervises food preparation and serving, will monitor three meals a day, six days a week, in the kosher kitchen. Although periodic supervision previously took place to ensure the kosher nature of food coming from the kitchen, this new service is meant to provide better assurance to those of our patients who observe the laws of kashruth.

### MACRO ACHIEVEMENT

Alexander C. Sonnenwirth, Ph.D., director of microbiology at Jewish Hospital, has been selected as the recipient of the 1984 Becton-Dickinson National Award in Clinical Microbiology. Given by the American Society for Microbiology, an organization of 15,000 members, the honor is a recognition of Dr. Sonnenwirth's outstanding contributions to clinical microbiology. The award will be presented at the society's annual national meeting, to be held in St. Louis in March.

California, Dr. Walz presented a paper on "Preoperative Radiation for Rectal Cancer in Two Schedules," co-authored with **Drs. Kodner, Fry, Roe** and Ms. Breaux and Ms. Héderman.

**Gary J. Weil, M.D.**, co-authored a paper on "Prenatal Allergic Sensitization to Helminth Antigens in Offspring of Parasite-Infected Mothers" with R. Hussain, V. Kamaraswami, S. Tripathy and K. Phillips that appeared in the May 1983 issue of the *Journal of Clinical Investigation*.

**J. Lester Zeffren, M.D.**, was elected president of the St. Louis Society of Medical Oncology. ■

# THE MORE GOOD MINDS THE BETTER



We believe the best medical care takes place at teaching hospitals. Here, medical judgments are constantly being questioned and tested. Second and third opinions are the rule, rather than the exception.

Research scientists think in clinical terms and patients are better for that. Physicians stay current with the latest medical developments and patients are better for that. Medical faculty and students are forever challenging conventional approaches to medical treatment. Patients are better for that too.

Patients in teaching hospitals receive concentrated care, twenty-four hours a day. It is, quite simply, safer for a patient even with an uncomplicated illness, much less a serious problem, to be in surroundings where care is constant and closely supervised. The best medicine leaves little to chance.

In medicine, the more good minds the better.

**WASHINGTON  
UNIVERSITY  
MEDICAL  
CENTER** in St. Louis

Barnes Hospital	Central Institute for the Deaf
Jewish Hospital	Barnard Free Skin and Cancer Hospital
Children's Hospital	Washington University School of Medicine

At the Heart of Medicine in America

**The more people know about us, the better**—The announcement pictured here originally ran in the October 27 edition of the *St. Louis Globe-Democrat* and the October 30 issue of the *St. Louis Post-Dispatch*. It was placed to increase awareness of Washington University Medical Center and to point out the talent, facilities, and exceptional care available in teaching hospitals. Keep your eyes open for future notices about the advantages offered by the medical center.



**CLASS ACTION**—On November 19, 1983, 110 prospective nursing students and their families tested being "nurse for a day" at the Jewish Hospital School of Nursing. Following a buffet lunch, the could-be members of the class of 1987 heard some encouraging words about the health of Jewish Hospital and the Washington University Medical Center from Vice President for Nursing Brenda Ernst, R.N. Prospects were also introduced to the faculty by Susan Graves, director, and toured the school after Christopher Brenner, student nurse (above), entertained with a rousing song and dance rendition of "You."





## SHOPPING LIST

*The Shopping List is a special feature presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help offset the high costs of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.*

*The need exists. Your generosity could help save a life.*

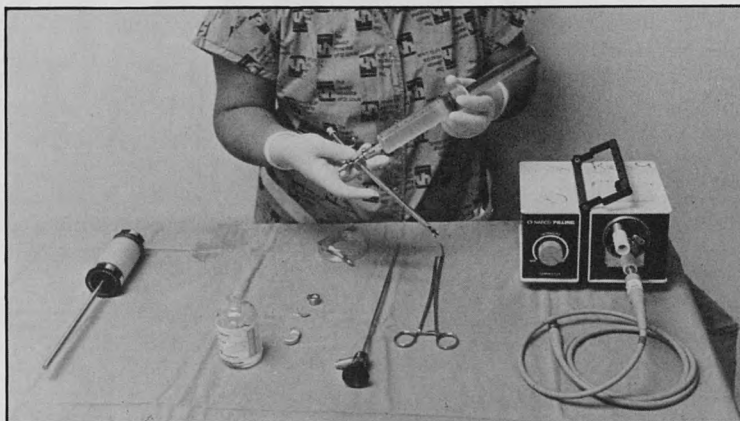
*For more information on The Shopping List, contact the development office, 454-7250.*

### Hysteroscope

With the purchase of an operating hysteroscope, Jewish Hospital physicians can use their sharpest sense, vision, to detect uterine disease in women.

The hysteroscope, a lensed telescopic instrument, is inserted through the cervix and into the uterus, enabling physicians to view the entire uterine cavity. Used as a diagnostic tool, it can help to locate an intrauterine device (IUD) embedded or free in the uterus, and to clarify the causes of irregular bleeding which might originate from polyps and fibroids (masses of tissue growth). It is also possible to determine if the absence or reduction of menstrual flow is associated with damage to the endometrium (uterine lining), such as scarring, a condition associated with infertility and recurrent abortion.

Because it offers a more precise method of diagnosis, compared to indirect sensing techniques, like the curette or hystrogram, the hysteroscope is expected to reduce the number of false negative and false positive diagnoses of uterine disease. Using a curette, which requires tactile appraisal, a physician may think he or she has detected an irregularity when the curette is actually gliding over a normal contour in the uterus. The curette can miss detection of a fibroid by moving around the base of its stalk, never touching the large mass in the center of the uterine cavity. With a hystrogram, the X-ray may be taken at such an angle that a fibroid is overlooked, portraying a normal uterine cavity, when in fact, disease may be present.



If a woman needs surgery, the hysteroscope provides an attractive alternative to a major operation. Potentially, the largest surgical application of the hysteroscope is in the management of uterine bleeding. Patients in this situation have only small fibroids with neither cancerous or pre-cancerous conditions. The fibroids may be hysteroscopically removed when surgical instruments are threaded through the hysteroscope's operating channel. Thus, the

bleeding is stopped, allowing many patients to avoid major abdominal or vaginal surgery.

Women who are over the age of 40 and have no reason for hysterectomy other than heavy bleeding prior to menopause may have the problem corrected in a brief hospital stay, an alternative that now applies to approximately 100,000 women per year in the United States.

The hysteroscope was purchased at the cost of \$6,200. ■

### Nursing Service

Wheelchairs.....10 at \$450 each

### Nursing Intensive Care Units

Intravenous Pump .....20 at \$1,250 each

### Respiratory Therapy

Ear Oximeter .....\$5,000

### Ophthalmology

Eye Acuity Meter .....\$2,500

### GI Endoscopy

Fiberoptic scope.....\$8,300

Pediatric Colon Fiberscope .....\$7,800

### Pulmonary

Ergometer-exercycle .....\$785

### Operating Room

Teaching Camera .....\$2,937



# CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

## GENEROUS GIFTS

Mrs. Ida Cassell has made a contribution to the Building Fund.

Mr. and Mrs. Harvey A. Friedman have made a contribution to the Harvey Friedman Nursing Scholarship Fund.

The Estate of John A. Isaacs, Jr. has made a contribution to the Eleanor M. and John A. Isaacs, Jr. Research Fund.

Mr. and Mrs. Sam Langsdorf have made a contribution to the Directors Fund.

Dr. and Mrs. William Margaretten have made a contribution to the John M. Shoenberg Research Fund in memory of Mr. John M. Shoenberg.

The Jewish Hospital Medical Staff Association has made a contribution to the Jewish Hospital School of Nursing Medical Staff Fund.

The Monsanto Fund has made a matching gift contribution to the Dr. Alfred Goldman Pulmonary Fund to match the gift given by Dr. E. J. Griffith.

Mr. and Mrs. David W. Nations have established the Gus Nations Pulmonary Fund in memory of Mr. Gus Nations.

Dr. M. Norman Orgel has made a contribution to the Building Fund.

Mr. and Mrs. Raymond W. Peters have made a contribution to the John M. Shoenberg Research Fund in memory of Mr. John M. Shoenberg.

Mrs. George Rosenschein and children have established the George and Jane Rosenschein Fund for Hypertension Research in honor of the Special Birthday of Mr. George Rosenschein.

Mr. and Mrs. Barry Sanders have made a contribution to the John M. Shoenberg Research Fund in memory of Mr. John M. Shoenberg.

Mr. Sylvan Sandler has made a contribution to the Rupert Turnbull Memorial Lectureship Fund.

Mrs. Lester Seangood has made a contribution to the Seangood Research Fund.

Mrs. A. Shiffman has made a contribution through the Shiffman Foundation as a memorial to Mr. Lester Seangood.

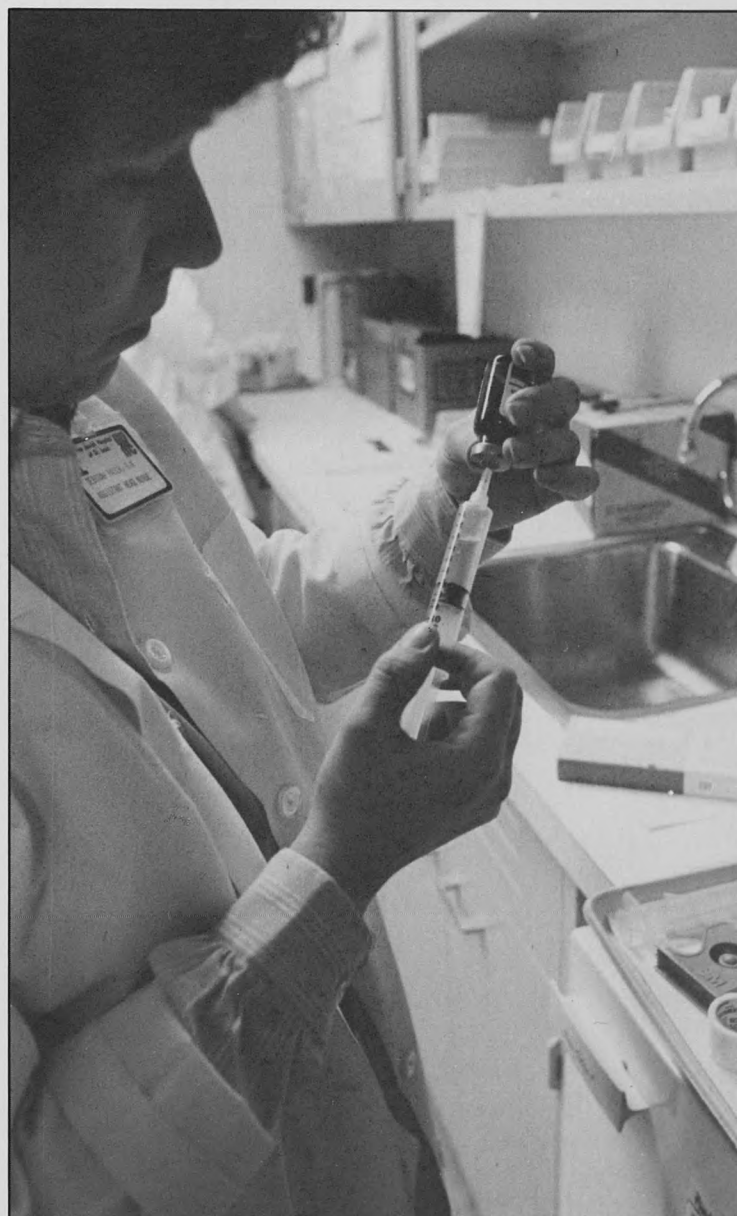
Mrs. Herbert Simon has made a contribution to the Ira and Herbert Simon Research Fund in memory of Hattie Weisl and Laura Simon and a contribution to the Julian Simon Research Fund in memory of Julian Simon.

The St. Louis Society for Crippled Children has made two contributions to the "Kids on Their Own" program at Jewish Hospital.

The Estate of Nadia Weil has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Richard Wolfheim have established the Nancy and Richard Wolfheim Fund for Hematology Research.

The Estate of Evelyn S. Wurdack has made a contribution to the Research Endowment Fund.





## CONTRIBUTIONS

### SPECIAL GIFTS

#### IN SUPPORT OF

The Jewish Hospital of  
St. Louis and its pro-  
grams for patient care,  
research education and  
community service.

#### DONOR

Dr. Samuel B. Guze  
(Directors Fund)

Willard L. Levy  
(J & W Levy Endowment  
Fund)

Mrs. Edna Malen  
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Fund)

Mercantile Trust Co.  
(Contribution to the sick  
and poor residents of the  
City of St. Louis)

Don D. Moore  
(Norma and Jack E. Edlin  
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Sun Ray Chapter 426  
Order of the Eastern Star  
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Mr. Sid Lang  
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Turnbull Memorial  
Lectureship)

Dr. Alexander Schonfeld  
(Equipment Donation)

Dr. Robert Tatkow  
(Building Fund)

### SPECIAL GIFTS

#### IN MEMORY OF

Rose Engel

Marilyn Fixman

Sophie Glaser  
Bernard Glaser  
Pearl Glaser Inger  
Edward N. Glaser

Ann Gusdorf

John A. Isaacs, Jr.

#### DONOR

Miss Eva Engel  
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(Unless otherwise noted, con-  
tributions to Eleanor M. and  
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Dean Shaw  
(Nursing Education Fund)

Gus Nations

Dean Shaw  
(Gus Nations Pulmonary  
Fund)

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Cancer Center)

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Millard Waldheim

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Mr. and Mrs. John Simon

Herbert Weinstock

Mrs. Herbert Weinstock  
(Herbert Weinstock  
Memorial Fund)

## SPECIAL GIFTS

### IN HONOR OF

Special Birthday of  
Mr. Hermann Deutsch

### In Appreciation of

Mr. Harvey A. Friedman

Recovery of Mrs. Cynthia  
Frohlichstein

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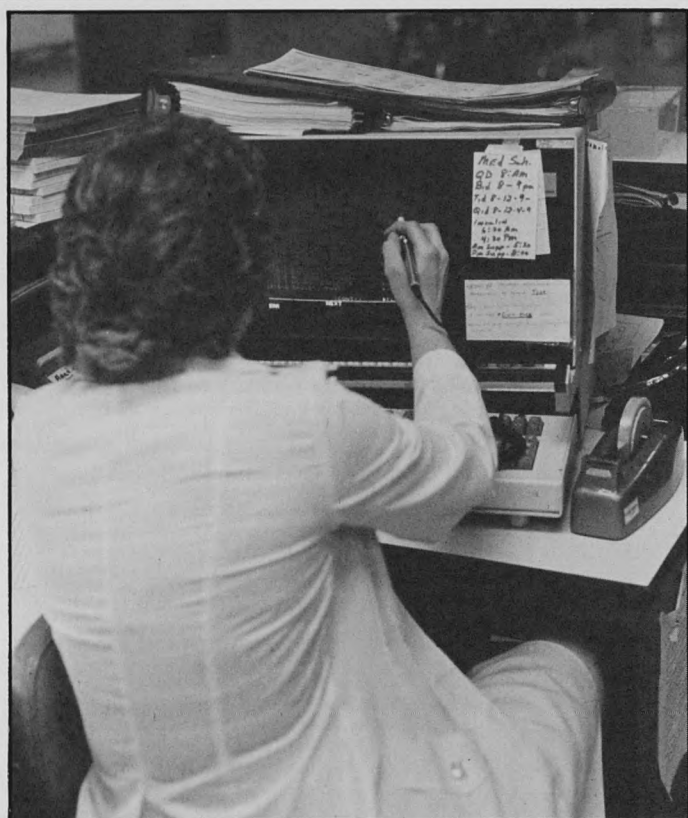
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 ..... **Speedy Recovery of NORMAN ROSENTHAL**  
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 ..... **Special Birthday of ROSE ROTENBERG**  
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 Miss Pearl Goldstein (Mary Goldstein Nursing Scholarship Fund)  
 ..... **Speedy Recovery of EVELYN ROTH**  
 Mr. and Mrs. Abe Lieberman (Bernard Lieberman Fund for Parkinson Disease)  
 ..... **Special Birthday of FRANK RUBEL**  
 Mrs. Milton Frank (Milton Frank Vascular Research Fund)  
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 ..... **Special Birthday of HARRY RUBENSTEIN**  
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 ..... **New Grandson of MR. AND MRS. NORMAN RUBENSTEIN**  
 Mr. and Mrs. David Moulton (Jerry Kaiser-Irma Blank Cancer Fund)  
 ..... **Special Anniversary of MR. AND MRS. DONALD RUBIN**  
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 ..... **Birth of Great Grandchildren of MRS. PEGGY RUBIN**  
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 ..... **Happy Chanukah and Many Thanks to CHARLYNE RUPRECHT**  
 June Bierman and Selma Gidlow  
 ..... **Special Birthday of WALLACE RUWITCH**  
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 Maureen and Bob Greenberg  
 ..... **New Home of MR. AND MRS. BRUCE SABIN**  
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 ..... **Speedy Recovery of ANNA MARIE SCHENBERG**  
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 ..... **Speedy Recovery of HARRY SCHNEIDER**  
 Mr. and Mrs. Curtis L. Mann (Lottie & Abe Schneider Memorial Cancer Research Fund)  
 Mr. and Mrs. Harvey Schneider (Lottie & Abe Schneider Memorial Cancer Research Fund)  
 ..... **Special Anniversary of PAUL AND DOROTHY SCHNEIDER**  
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 Nita Pass (Carl Pass Diabetic Research Fund)  
 ..... **Speedy Recovery of ROSE SCHNEIDER**  
 George M. Kornblat (Marilyn Fixman Cancer Research Center)  
 ..... **Special Birthday of RITA SCHOEN**  
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 Marilyn and Sam Zuckerman (Meyer K. & Ethel Weil Otolaryngology Fund)  
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 Sophia Sachs (Louis & Sarah Sachs Memorial Fund)  
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 Ruth Freedman  
 ..... **Birthday of THEODORE SEIVER**  
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 ..... **Marriage of Randy, son of MR. AND MRS. JERRY SPITZER**  
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 ..... **Special Birthday of CECELIA SPIVACK**  
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 Mr. and Mrs. Craig Toder (Edna Malen Scholarship Fund)  
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 Mrs. Norman S. Roth (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **Birthday of SYLVAN STEIN**  
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 Mr. and Mrs. Norman Wolff, Jr.  
 ..... **Speedy Recovery of CHARLES STEINGER**  
 Jan and Sey Krout (Bernard Lieberman Memorial Fund for Parkinson Disease)  
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 ..... **Recovery of KAREN STERN**  
 Mr. and Mrs. Steve Bernstein (Breast Cancer Research Fund)  
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 ..... **Bar Mitzvah of KIRK JASON WITTNER**  
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 ..... **New Grandchild of MR. AND MRS. MARVIN YAVITZ**  
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 ..... **Marriage of Son of MR. AND MRS. J. YOFFIE**  
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 ..... **Recovery of MRS. LESTER ZEFFREN**  
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 ..... **Birthday of ROSE ZIMMERMAN**  
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 Mrs. Samuel Sachs (Louis & Sarah Sachs Memorial Fund)  
 ..... **Speedy Recovery of SAM ZIMMERMAN**  
 Mr. and Mrs. Donald Gallop (Harry & Nancy Shapiro Scholarship Fund)  
 ..... **Happy Hanukah to MARY AND LOUIS ZORENSKY**  
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 ..... **Speedy Recovery of MRS. SAM ZUCKERMAN**  
 Mary D. Harris (Ben Borman-Leon Harris Family Parkinson Disease Fund)  
 ..... **Recovery of JENNIFER ZUNG**  
 George M. Kornblet (Marilyn Fixman Cancer Research Center)





# CALENDAR OF EVENTS

## **FEBRUARY 1 AND EVERY WEDNESDAY**

The Rehabilitation Support Group: for patients and their families going through rehabilitation for stroke, head and neck, and back injuries; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759, for more information.

## **FEBRUARY 1**

Associates In Medicine Board Meeting: cocktails, dinner; 5:30 p.m.; Brown Room; members only; call 454-7239.

## **FEBRUARY 1**

School of Nursing Open House: tour of school and hospital for those interested in a nursing career; 7 to 9 p.m. in the school residence; open to the public at no charge; call 454-7057.

## **FEBRUARY 8**

Jewish Hospital Educational Seminar Series V: will focus on "Understanding Allergies" with guest speaker Phillip E. Korenblat, M.D.; 9:45 a.m., Auxiliary members only, by reservation; call 454-7130.

## **FEBRUARY 13**

Super Sibling Program: for children ages 2½ to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only; call 454-7130.

## **MARCH 6**

School of Nursing Open House: tour of school and hospital for those interested in a nursing career; 7 to 9 p.m. in the school residence; open to the public at no charge; call 454-7057.

## **MARCH 7 AND EVERY WEDNESDAY**

The Rehabilitation Support Group: for patients and their families going through rehabilitation for stroke, head and neck, and back injuries; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759, for more information.

## **MARCH 7**

Associates In Medicine Lecture Series: "Anesthesia" with guest speaker James Jenkins, M.D., anesthesiologist-in-chief at Jewish Hospital; 7:30 p.m.; Brown Room; open to the public at no charge; complimentary refreshments; reservations required; call 454-7239.

## **MARCH 12**

Super Sibling Program: for children ages 2½ to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only; call 454-7130.

## **MARCH 14**

Grandparents Refresher Course: for expectant grandparents to learn the newest techniques in infant care; 10 a.m. to 12 noon; by reservation only; call 454-7130.

## **MARCH 21**

Jewish Hospital Educational Seminar Series V: "Breast Self-Examination," with Sandy Siehl, R.N., MSN, 9:45 a.m. Auxiliary members only, by reservation; call 454-7130.

## **MARCH 28**

Associates In Medicine Board Meeting: cocktails, dinner; 5:30 p.m.; Brown Room; members only; call 454-7239.



Indexed

# JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

216 South Kingshighway  
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The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically-advanced research. The medical staff of 635 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission of Accreditation of Hospitals.

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